THE JOURNAL

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. 38

NOVEMBER, 1939

No. 11

CERTAIN SYMPTOMS COMMON TO THE NOSE, EXPLAINED ON A PHYSIOLOGIC BASIS*

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For one properly to recognize symptoms and signs of pathologic significance referable to the nose or of any system of the body for that matter, one should be thoroughly familiar with the normal physiologic activity of the part. That more is not known of the practical significance of physiologic manifestations of nasal function is due to the fact that it was not taught, or indeed scarcely alluded to, in medical curricula and is not frequently referred to in the medical literature. I shall endeavor to show that knowledge of the fundamental physiology of the nose is important in the daily practice of the physician.

When it is realized that the nose is the only portion of the body that cannot be appropriately protected from the environment to which it is subjected, it will be appreciated that in order to withstand the exposure to which it is subjected, it must have a wonderfully adaptable functional mechanism. For that reason it is important that fundamentals of the physiology of the nose be known, because in daily practice many patients are encountered who complain of symptoms referable to the upper part of the respiratory tract, which, on final analysis, are not symptoms of pathologic change, but may be explained as evidences of normal physiologic response to the structures to changes in environment.

It is generally considered that the first serious attempt accurately to describe the anatomy and physiology of the nose can be credited to Galen, who lived in the second century A. D. Hippocrates and Aristotle

had thought that the reason the nasal interior was moist was that the secretions came from the brain through the cribriform plate of the ethmoid bone. Galen subscribed to this idea. He thought that the nasal membranes were bloodless but he recognized that they were continuous with those of the pharynx and mouth. That the nasal membranes contained secreting glands was not recognized until the time of Schneider. To his credit, Galen said that the function of the nasal interior was to prevent the air from entering the trachea, directly, "First, because the air surrounding us is at times quite cold and the lungs then would be chilled; and, secondly, because small particles of dust or of ashes or anything of this kind may not fall into the trachea.

It was in the sixteenth century that open revolt against the previously accepted ideas of Galen occurred. Among the revolters was Vesalius, a Belgian, who had that attribute of genius described by Carlyle as the

^{*}Read before the Seventy-fourth Annual Meeting of the Michigan State Medical Society, Grand Rapids, September 19, 1939.

ability to see with one's eyes and the inability not to believe what one sees. However, Vesalius, in his observations of the anatomy of the nose and throat, committed more errors than he corrected.

Contemporaneously with Schneider, Willis felt that the fluids in the nose came through the nerves, which he considered to be tubes coming from the brain. Ruysch believed that nasal secretions came directly through arterioles and he did not accept the ideas on intermediary effect of Schneider, in the middle of the seventeenth century, wrote voluminously. He showed that secretions in the nose could not come from the brain, through the cribriform plate of the ethmoid bone or lacerated foramina, or through the nerves because they are impervious. He found that mucus could be squeezed out of living or dead membranes but did not mention glands. It was Steno who first described mucous glands. Following introduction of the microscope and discovery of methods of preparing tissue for microscopic study, great strides were made.

Rhinology has made great progress in the past quarter century and, fortunately for patients, is now practiced on a more conservative and scientific basis than before. Formerly it was largely practiced on a purely anatomic basis, and, in consequence, many patients underwent very destructive intranasal operations without their symptoms being relieved. This practice led, as Stein¹⁶ said, to adding many new symptoms to the old. In the future, we may look for application of more physiologic facts and, as experience grows, we may learn to see the patient as a whole rather than through the "hole" of the nasal speculum.

The function of the nose has been said to be fourfold: to warm, to moisten and to filter the inspired air, and to smell. The efficiency of each of these processes depends, largely, on the function of the vasomotor control. The special sense, olfaction, will not be considered.

General Fundamental Aspects

Certain individuals can be identified easily by the particular conformation of their noses. In fact, in police work, the nose has been used for this purpose. A wellfunctioning nose may not necessarily be a

thing of beauty but it is a joy forever. It would be difficult to describe the external appearance of the nose in words, and rather difficult to describe its position on the face. All noses of men have one common characteristic: the openings are more nearly on the horizontal than on the vertical plane, when one lives an upright life. seems to be a natural reason for this, the directing of the air currents into the intranasal structures, or real functioning region. To be sure, a person may live his allotted life breathing through the mouth, but he will not live so comfortably under all environments. Patients are also known to have lived twenty years breathing through a tracheotomy tube.

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The indications of the nasal fossa in the embryo appear as pits, situated on either side of the anterior portion of the head, and are first seen at about the twenty-first day, the same time that the eyeball and ear vesicles appear. As development takes place, these nasal pits fuse.10 Intranasally, the nose is divided by the septum, which is scarcely ever perfectly straight, into nearly equal cavities, opening anteriorly through the vestibule and posteriorly into the pharynx through the choana. From the lateral wall project the three turbinate bones, thereby enlarging the available surface exposure, and helping to direct the air currents within the nose. Beneath each turbinate is situated the so-called meatus, of which the middle meatus is the most important because in it, protected by the middle turbinate, is situated the hiatus semilunaris, with the openings to the paranasal sinuses. The inferior turbinate is normally the largest and tapers toward each end. Under it is the opening for the lacrimal duct. The intranasal cavity narrows as it approaches its upper extent. That portion of the nose which is below the level of the superior border of the middle turbinate may be said to be respiratory in function, and that above, olfactory. From the choana, the air enters the pharynx.

Histologically, the upper part of the respiratory tract may be said to be lined by the same type of membrane and substructures, except that in certain situations certain characteristics predominate. For instance, the mucosa is relatively thicker over the turbinates than it is in any of the other

portions of the tract, and in the ethmoid cells it is relatively very thin. The lining mucous membrane is very vascular and is inseparably united with the periosteum and perichondrium over which it lies.

The blood supply comes largely from the sphenopalatine artery, which anastomoses with the ethmoidal, external nasal, septal and palatine arteries and with those which supply the lower part of the nasolacrima duct. This network of vessels occupies the deepest regions of the mucosa and the periosteum. The veins empty into the facial veins largely but from the ethmoidal region they communicate with the venous plexous through the cribriform plate. The veins which arise around the lacrimal sac and duct empty into the orbital veins, and into those of the face around the orbit. The lymphatics are subepithelial and large.

The respiratory membrane is supplied with cavernous blood spaces of erectile tissue. The arterioles are supplied with a muscular layer and, from their deep situation, take a cork-screw course toward the surface and the venous sinuses, the latter of which may be of considerable size and so much enlarged in the mucosa when it is the site of inflammatory change, that it is often difficult to judge what is abnormal. Development of the erectile tissue has a close relationship with the beginning of sexual life, since it is seen in its full extent only after adolescence has been established, and it begins to atrophy after middle life. This fact is of definite clinical importance in everyday practice.

The capillaries are distributed everywhere through the connective tissue of the mucosa. Tiny capillary twigs are in contact with the basal layer of the glandular epithelium, and Wright 17 has said that it is possible to see direct diapedesis of the leukocytes through the capillary walls and between the gland cells, into the lumina of the acini. There is every reason to believe that in this way the blood vessels may empty the serous and leukocytic elements of the blood directly into the glands. Vasomotor dilatation, therefore, means not only exudation of the serum of the blood vessels into the stroma, and consequent swelling of it, but simultaneously a direct discharge into the glands and onto the surface of the mucosa. Around the ducts of the glands, the mouths of which usually lie in some sulcus of the surface epithelium, there is a more or less thick network of capillaries. It is seen, then, that vasomotor dilatation of these capillaries would mean considerable constriction of the outlets of the glands. As the vasomotor excitement subsides, this constriction is released and free discharge of the content of the seromucous glands is afforded.

The contractile elements of the stroma are composed of elastic tissue and smooth muscle fibers. It will be recalled that attention was drawn to the erectile tissue and to sexual development, and it becomes clinically important that this be recognized, for it accounts for many of the so-called "stuffy" noses" so often seen in adolescence and newly married couples. Innervation of these substructures comes from the parasympathetic nerves through the sphenopalatine ganglion and, as knowledge of the sympathetic nervous system and its substructures increases, it will be possible to deal more intelligently with the various syndromes that are attributable to derangement of the vasomotor control. The elastic elements are important because of the effect that repeated inflammatory reactions may have on them. Thick interlacing bundles, running parallel with the planes of the bone, are demonstrable. In the same manner, the smooth muscle cells of the blood vessels are important because of the effect that repeated inflammatory reactions, resulting in enlargements, may have on the caliber and function of the blood vessels.

The sensory nerve supply comes largely from the fifth cranial nerve. The activating nervous impulses that control what might be called the automatic responses of the nasal membranes, come through two sets of antagonistic autonomic nerves, the vasoconstrictors and the vasodilators. The vasoconstrictor fibers arise from the preganglionic fibers from the central nervous system and the postganglionic fibers from the cells of the sympathetic ganglions. These nerves exert a constant tonic effect. efferent fibers which cause vasoconstriction are called "pressor" fibers and those that cause vasodilatation are called "depressor" The vasoconstrictors arise chiefly fibers. from the cervical sympathetic nerves. Hempstead⁷ has observed marked congestion of the nasal membranes of patients who have been subjected to removal of the cervical ganglions for certain vasospastic conditions of the upper extremities.

It is known that the caliber of the blood vessels is influenced by agents other than the vasoconstrictor and vasodilator fibers. Chemical substances, carbon dioxide, histamine and lactic acid, Bayliss² has shown, may produce vasodilatation. Internal secretions, such as epinephrine, may cause vasoconstriction.

Whether the cells of the surface layers of epithelium are of the columnar or of the pavement variety, those of the basal layers, except for the olfactory region, are cuboidal in shape, resembling closely the fixed connective-tissue cells with which they mingle, for there is no limiting membrane between them. It is often difficult to determine where the epithelium leaves off and the stroma begins. In the olfactory region, the epithelium is nonciliated and columnar, and does not possess the glandular elements seen elsewhere. In the respiratory portion, the membrane is covered with columnar, ciliated cells and a mucous film.

In recent years, action of the cilia and movement of the mucous film have received much attention in rhinologic circles. Elucidation of these phenomena has called the attention of observers to the importance of normals and thus has had good effect. However, it can be said, without detracting from the interest of these phenomena, that the action of the cilia is only one phase of the general physiology of the nasal membranes. It has been shown that cilia, fortunately, are present in newly formed membrane following operations. It has been clearly shown by Hilding,8 Proetz,12 Yates,19 and others how the mucous film and the movement of the cilia perform their function. In the sinuses the cilia have the important function of directing flow toward the ostia. The greatest good has come from exposition of the facts that the normal presence of mucus and the activity of the cilia are great barriers to infection. It is only when this mechanism is deranged that infection gains a foothold.

The Bowman type of gland prevails in the olfactory region. These glands secrete a much less viscid fluid than the racemose glands in the respiratory membrane. Although it may be true that these cells secrete a peculiar fluid which aids in the function of olfaction, its watery character is especially adapted to extend over the oldfactory surface and to cause the fluid to drip down as sterile irrigation for the respiratory region below. It is not bactericidal in action.

The racemose glands of the respiratory region differ in no way from the structure of racemose glands elsewhere in the body. Not infrequently the acini are imbedded in the tissue, but, as a rule, they lie more superficially than the cavernous sinuses, varying greatly in their distribution. In the paranasal sinuses there are very few. It is said that the secretion from the respiratory part of the membrane is in itself considerably bactericidal, at least bacteriostatic.

Under normal conditions the secretions of the nose maintain a certain physiochemical composition which fluctuates within a limited range, depending on the demands of physiologic activity. This is an involved subject and the details have no place in a The secretion is discussion such as this. composed of mucin, solids, minerals and an aqueous portion. The mucin originates in the racemose glands and probably acts as deterrent to the rapid absorption of the serous portion of the secretion; in addition to having a protective influence on the sensitive ciliated cells it has been shown that the mucus has a bacteriostatic effect.

The activity of the secretory mechanism may be observed clinically. If a patient whose nasal interior is apparently normal can be observed over a period of time, at short intervals, it will be noticed that the appearance and relative position of the membrane within the nose changes. At first one nostril may be filled because the membranes are swollen; the surface is smooth and relatively dry. In a moment or two, the surface is seen to be studded with little discrete drops of moisture. Soon the droplets increase in size and the surface begins to be covered with a film. Now it is noticed that the swelling of the membrane is less and gradually becomes much less, so that the membrane does not fill the nostril as it did. The membrane in the opposite nostril, if examined, may be found to be What has happened is increasing in size. that the blood spaces in the membrane have

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filled; the involuntary muscle, through stimulation of nerves, is causing contraction of the blood spaces, forcing the blood into the glands and stroma, and in turn the content of the glands is expelled through the ducts onto the surface, producing the droplet that can be seen. As the activity is increased, the secretion increases until the cycle is The watery, or predominant, completed. portion of the secretion comes from the tubular, Bowman type of gland. This automatic flushing of the surface cannot be imitated by sprays and douches. Denuding of the surface subjects the sensitive epithelium to changes that are not consistent with normal conditions.

It can be observed clinically that nasal respiration is an adaptive reflex mechanism, lessening resistance when respiratory need is increased, and vice versa. Dilatation of the vessels, when it is not carried to the point of rendering insufficient the amount of air supplied to the lungs, renders the air, when it reaches the pharynx, not only warmer, more moist, and more free of dust and bacteria, but by filling the unnecessary space in the respiratory region of the nose, it directs a more copious supply of air toward the olfactory region. Wright and Smith¹⁸ said:

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"The internal configuration of every nose, even of those we pronounce normal, varies so greatly that every nasal chamber is a law to itself. Anterior and posterior rhinoscopy are often incapable of furnishing us with trustworthy information as to the efficiency of the nasal chambers in the performance of these functions. The statements of patients are still more untrustworthy. Some fail to appreciate even extreme grades of nasal obstruction. Others complain of it when manifestly it does not exist. The clinical experience, the common sense of the physician, and his ability to judge the patient's temperament are more important guides to the appreciation of how these functions are in reality being performed, than the help his technical skill or the instruments of precision at his disposal furnish him."

Paget¹¹ has said that he believed the function of the nose to be to filter the air and that the other ascribed functions are entirely subsidiary. He expressed the belief that nearly every healthy man has lost the power to breathe through the nose because of the tendency to alar collapse, that if more respiration was nasal there would be less pulmonary disease.

Chapmell,4 in discussing Paget's annotation, quoted Catlin's book entitled, "Shut

Your Mouth," written in the early forties of the nineteenth century. Catlin was impressed by the healthiness of the American Indian children, whose mothers insisted on their breathing through their noses. Hagemann⁵ expressed the belief that the function of the nose may be emunctory to a large extent. Wright has said, "Vasomotor phenomena answer to every demand of physiologic need only so far as the mechanism is undamaged in all its parts. Repeated temporary exaggerations of physiologic response lead gradually to the graver forms of polypoid rhinitis and atrophic states." Thus it is seen that the function of the nose is carried on by virtue of its internal configuration and the mechanism of its mucous membrane. As the air enters the vestibule, it takes an upward course, passes over the superior surface of the inferior turbinate. over both surfaces of the middle turbinate, and enters the pharynx. The membrane of the pharynx is essentially like that of the nose, except that it is not so specialized. In the pharynx, however, there is lymphoid tissue; such tissue is not encountered in the nose. In passing over these structures, the air currents take up the moisture from the surface, and are thus warmed, moistened. and filtered. In expiration, the air currents are directed largely through the inferior meatus by the posterior tip of the inferior turbinate. What function is served by the accessory sinuses of man is a question, but it is apparent that they are ventilated by the negative pressure effect exerted by the passing streams of air. The function of the tonsillar tissue in the pharynx is also uncertain; that it has a function in early childhood, even though it is not understood or known, I am willing to admit.

Symptoms referable to the upper part of the respiratory tract are less common and are less often complained of when persons live where the climate is warm and equable. This is because there is less necessity for the nose to over-function in order to prepare the air for the lower part of the respiratory tract. Such a climate, however, has its definite drawbacks, as it has been shown that mental and physical productivity are at lower levels than in less equable environments. Huntington, in his "Civilization and Climate," proved that the output of factory workers increases with change in

temperature, and that no other elements of weather seem to have a real influence on such productivity. He explained the physical superiority of persons who live in hard, rugged climates by the subjection of their bodies to frequent and extreme alternations of temperature. The reasonable physiologic explanation of this phenomenon seems to be stimulation of the tonus of the vasomotor system.

Sewall¹³ said:

"Climate is the summation of atmospheric conditions as recorded for a long period of time, or in other words, it is the totality of the weather, while weather is the physical condition of the atmosphere at a given time, or during a limited period

at a given time, or during a limited period.

"It was formerly thought that the atmosphere affected the body only, or chiefly, through the absorption of its elements by the lungs, but it has been found that this is not the case, and that these symptons are caused by the effects of the atmosphere on the surface of the body . . . In this connection, the various respiratory membranes are to be thought of as internal body surfaces, which are also brought in direct physical contact with the atmosphere. Heat, humidity, and stillness are the essentials in a bad atmosphere; coolness, dryness, and motion of the air constitute good ventilation."

From what has been described as the normal physiologic reaction of the nose, it can be seen how, with a perfectly acting mechanism, particularly the vasomotor mechanism, the nose would be called on to function in different atmospheres. In the variable, rugged climate of the Northwest, with frequent changes in weather, one might expect that the membrane of the upper part of the respiratory tract would become hypertrophic, whereas, in the warm, equable climate, where the nose is not required to function excessively, there might be very little change. It is easy to understand, then, that in the north, in adolescent and early adult life, many symptoms might arise from the physiologic activity of the respiratory membrane, particularly as it is at this period of life that the function of erectile tissue is at its height. This is why many adolescents and young adults complain of nasal obstruction and excessive secretion. It has been variably estimated that the respiratory membrane might secrete anywhere from a pint to a quart (500 to 1,-000 c.c.) a day. Patients often complain of obstruction on alternate sides, but as a matter of fact this is normal. Scarcely ever would both sides of the nose be open to the same extent, for the reason that there

appears to be a cycle of reaction; that is, while the mucous membrane of one nostril is filling to a point approaching obstruction, the other nostril is opening and throwing off its secretion, and by the time the nostril that is filled has completed its cycle, the other nostril has completed the opposite cycle. The reverse is also true. The cycle may not always take place to the extent described, but nearly to that extent.

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At my suggestion, Heetderks⁶ made observations on reactions of the nasal membranes of apparently normal persons in each of the first six decades of life, when the persons were subjected to various atmospheric conditions. It was observed that the nasal membranes of adolescents were much more responsive to environmental changes than were the nasal membranes of older persons. In about 80 per cent of cases a definite cycle of activity such as has been alluded to previously, occurred. Also, even though the environmental condition remained the same, a cycle of activity occurred; that is, while the membranes on the turbinates were filling on one side, the membranes on the opposite side were throwing off secretion. Heetderks found that when the subjects were subjected to cold air the secretion was abundant, while in warm air it was less copious and the membrane appeared duller in color.

Patients often complain of obstruction at night on the side on which they are lying. This is the result of passive congestion from gravity and is a normal condition. Complaint is also made of the accumulation of a considerable amount of secretion in the pharynx during the night. Really, the accumulation occurs because it has not been involuntarily disposed of, as it would have been during the day by involuntary swallowing and by eating and drinking. Many persons feel that this condition is detrimental to their health, but I have seen no evidence of this; it is usually the most robust type of patient who makes this kind of complaint. The laity call this condition "catarrh." With the condition of hypertrophic rhinitis superimposed on nasal obstruction caused by anatomic defect, such as a crooked septum, the symptoms are naturally aggravated. In other words, there is an anatomic obstruction and physiologic hyperactivity. Often, in this type of case, correction of the anatomic obstruction by some operative measure which conserves the membrane, will largely relieve the symptoms. If the symptoms are not relieved in this manner, a change to a high, dry climate often will effect the change by natural processes. The dryness and equability of such a climate will take up the excess secretion that the hypertrophic condition is producing, and there will be little or no variation to cause the excessive physiologic responses. It is in this type of nose that destructive intranasal operations were often performed formerly; these, I believe, are contra-indicated.

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Occupation has a great deal to do with the physiologic responses of the membrane of the upper part of the respiratory tract. It has been shown that examination of workers in steam laundries, who have been engaged in this type of work a long time, invariably discloses rather definite grades of atrophy of the membrane of the nose. This can be explained on the basis of climatic conditions, already discussed.

Stark¹⁵ made observations on the nasal membranes of patients who were forced to use a tracheotomy tube because of laryngeal obstruction. During the first several days the nasal membrane was congested and the patient had a sense of fullness. After physiologic rest had been established, the congestion disappeared and the membranes were merely moist and duller in color. One patient, who had been troubled by crusting in the nose previous to the use of the tracheotomy tube, was relieved of the crusting after about a week's time. The explanation of this phenomenon must be that because there were no passing air currents to absorb the moisture, the air did not have a drying effect on the mucous constituent of the secretion.

The lumberjack, the farmer, the delivery man, and others who are constantly out-of-doors in all kinds of weather, are not so much troubled with infection of the upper part of the respiratory tract, or with symptoms encountered so often among persons who live a sedentary, indoor life. Attention to personal hygiene will, in some measure, relieve the symptoms. The city dweller has found that he must protect his feet from becoming wet or cold, or have a "cold in the head." "The man clad all day in the

same kind of clothing finds that he cannot remove any part of this clothing without the risk of taking cold. His wife wears high shoes or spats during the day, when it is warm, and has her neck and chest protected, but in the evening, attending a social function, she apparently disregards all sane principles of dress; yet it is observed that she is less disposed to catch cold than the man." This is another example of the hardening process. The vasomotor tone is better developed if one exposes the surfaces of his body and changes his clothing to suit the occasion than if one constantly dresses in the same manner. Susceptibility to the physiologic changes can be largely controlled by training; that is, the city dweller can become a farmer or a rural delivery man, and gradually acquire the same physiologic reactions, and the reverse is

Much has been written and said recently about the effect of relative humidity and ventilation in the home. At first, attention was given to these matters because of the economic factor; it was noticed that the furniture began to creak and come apart in the winter and that by evaporating water in the rooms this was overcome. In addition, a feeling of greater general physical comfort was obtained at a lower temperature. It has been observed that acute infections of the upper part of the respiratory tract resolved more readily when the temperature was warm and the air moist than when the environment was cold and dry, and that when inhalations of steam were used to saturate the inhaled air with moisture, pharyngeal and laryngeal coughs could be largely controlled. During the cold weather the relative humidity of the air is very low. Sleeping out-of-doors on sleeping porches has been advocated as a health-producing habit, probably because of the wonderful health of those who live out-of-doors and sleep out-of-doors; but it is not taken into account that people in the city live, during at least two-thirds of the day, in a temperature sometimes 100° F. above that to which they might be subjected at night. change causes too great a physiologic response to be endured by a respiratory membrane not accustomed to such changes.

There is another type of physiologic reaction within the nose which is attributable

to some derangement of the sympathetic nervous system, and which results in what is called "vasomotor rhinitis." It may be caused by allergy, endocrine disturbances, avitaminosis or the effect of severe inflammation, and can sometimes be controlled by removing the causal factor if that factor If the causal factor can be ascertained. cannot be ascertained readily, topical applications to the region of the sphenopalatine ganglion, as shown by Sluder,14 are beneficial; now ionization is advocated by some observers. Brubaker3 called attention to the physiology of sneezing. Sneezing may be the manifestation of vasomotor rhinitis. Sneezing is the normal manner of clearing the nose externally. It is customary for the human being, in order to clear the nose, to blow it in some manner, and he usually closes the open nostril and blows against the opposite nostril. It is granted that this method is effective. This creates a strong. positive pressure in the nasopharynx, and may produce untoward results, because it may cause the forcible spreading of infections to the ear or paranasal sinuses. Patients often indicate that pain in the ear followed blowing of the nose. Animals are seldom affected because their only method of clearing the nose is by sneezing. Finally, it can be inferred, from what has been said, that in the daily management of patients it is important that an understanding of the mechanism of the function of the nasal membrane and its reaction to various environmental conditions be common knowledge and that such knowledge be considered of fundamental importance in the practice of rhinology. Only in this way can the variations caused by pathologic conditions be evaluated.

The prime purpose of any form of treatment should be, as nearly as possible, to establish the parts in a condition of "restitutio ad integrum." The patient, in this way, would be relieved of symptoms and would not have to contend with the discomfiture of having had new symptoms added to the old. Conservation of the functional mechanism of the nasal membrane can be effected in many instances if therapeutic measures are applied with this end in view.

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References

- Barker, L. F.: Environment and its relation to health and disease. Oxford Medicine. New York: Oxford University Press. 1:Chap. 19; 729-738, 1920.
 Bayliss, W. M.: Die Innervation der Gefässe. II. Die Regulation die Blutversorgung. Ergebn. d. Physiol., 5:319-346, 1906.
 Brubaker, A. P.: The physiology of sneezing. Jour. A.M.A., 73:585-587, (Aug. 23) 1919.
 Chapmell, I. D.: The functions of the nose. (Editorial) Lancet, 1:278, (Jan. 24) 1914.
 Hagemann, J. A.: The upper respiratory mucous membranes as emunctories. Med. Rec., 85:296-297, (Feb. 14) 1914.

- Heetderks, D. R.: Observations on the reaction of normal nasal mucous membrane. Am. Jour. Med. Sc., 174:
- Heetderks, D. R.: Observations on the reaction of normal nasal mucous membrane. Am. Jour. Med. Sc., 174: 231-244 (Aug.) 1927.
 Hempstead, B. E.: Unpublished data.
 Hilding, Anderson. The physiology of drainage of nasal mucus. 1. The flow of the mucus currents through the drainage system of the nasal mucosa and its relation to ciliary activity. Arch. Otol., 15:92-100, (Jan.) 1932.
 Huntington, Ellsworth: Civilization and climate. New Haven: Yale University Press, 1915, 333 pp.
 McMurrich, J. P.: The development of the human body; a manual of human embryology. Ed. 6. Philadelphia: P. Blakiston's Son and Co., 1920, 501 pp.
 Paget, O. F.: The functions of the nose. Lancet, 1: 192-193, (Jan. 17) 1914.
 Proetz, A. W.: Nasal ciliated epithelium, with special reference to infection and treatment. Jour. Laryngol. and Otol., 49:557-570, (Sept.) 1934.
 Sewall, Henry: Climate in relation to health and disease. Oxford Medicine. New York: Oxford University Press, 1: Chap. 11, 453-500, 1920.
 Sluder, Greenfield: Concerning some headaches and eye disorders of nasal origin. St. Louis: C. V. Mosby Co., 1918, 272 pp.
 Stark, W. B.: Unpublished data.
 Stein, O. J.: The treatment of intranasal and accessory sinus disease. Illinois Med. Jour., 34:202-204, (Oct.) 1918.
 Wright, Jonathan: The relation of the biophysical laws

- Wright, Jonathan: The relation of the biophysical laws of osmosis to nasal vasomotor processes. New York Med. Jour., 94:861-865, (Oct. 28) 1911.
 Wright, Jonathan, and Smith, Harmon: A Textbook of the Diseases of the Nose and Throat. Philadelphia: Lea and Febiger, 1914, 683 pp.
 Yates, A. L.: Methods of estimating the activity of the ciliary epithelium with the sinuses. Jour. Laryngol. and Otol., 39:554-560, 1924.

DEALING IN FUTURES

The world of tomorrow is something which catches the imagination of all of us at some particular time. We like to envisage its planes and its contours, the achievements of science, and the perfections of man which will fashion the terrestrial realm nearer to our idea of Utopia. We hope that the world of tomorrow will be a better place to live in than the world of today—that our experience and that of those who have gone before us will have smoothed out the rough places for our children and for our children's children.

From out of the box of Pandora disease came to blight the hopes and happiness of mankind. In our world of tomorrow each one of us would want to reduce suffering and illness to the least possible minimum. At this time of year we have an opportunity to be practical about that desire. It is one thing to wish and another to do. Christmas Seals are now on sale, Christmas Seals which have sponsored a movement for many years to bring about a worthy goal—the gradual eradication of tuberculosis. Our world of today is still struggling against a powerful enemy in this dread disease. To-morrow's world need have none of it, if we have a real desire to conquer it. Buy Christmas Seals!

CYCLOPLEGICS*

G. H. MEHNEY, M.D. GRAND RAPIDS, MICHIGAN

Mention will be made of the various standard cycloplegics that have been in use for some time and some of the newer ones will be discussed more fully.

Atropine sulfate in a 1 per cent solution is usually used in children up to an age of twelve. One drop is instilled in each eye three times a day for three days and the refraction is done on the fourth day. It is without doubt the strongest cycloplegic and consequently its prolonged action of five to seven days is a disadvantage for use in adults.

Scopolamine hydrobromide one-fifth per cent is extensively used and is an excellent cy-

cloplegic for all ages from eight to presbyopia. It is used in the office, instilling two drops in each eye 15 minutes apart and refracting at the end of one hour. Its action is rather prolonged, lasting three to four days.

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Homatropine hydrobromide is usually combined with cocaine, the latter causing better absorption of the homatropine by slightly softening the corneal epithelium. Its strength and method of use is as variable as the number of men using it. One formula is a $3\frac{1}{2}$ per cent homatropine hydrobromide and $\frac{1}{2}$ per cent cocaine. This may be used one drop in the eye every 10 minutes for 6 doses and the refraction done at the end of an hour. Its effect lasts from 24 to 48 hours.

A solution of $3\frac{1}{2}$ per cent cocaine and $\frac{1}{2}$ per cent homatropine is useful in dilation of presbyopes as it lasts only a few hours, three to six, and can easily be overcome by a miotic. There is a new product emulsion of Neosynephrine Hydrochloride 1 per cent which works very well in elderly individuals. Two or three drops five to ten minutes apart will give sufficient dilation of the pupil for a fundus examination. It is easily overcome with a miotic, has little effect on accommodation, and causes no increased intraocular tension.

Those drugs mentioned have been in use for some time and only recently has any addition or improvement been made in cycloplegics. Beach and McAdams¹ reported the use of benzedrine with homatropine in the American Journal of Ophthalmology in February, 1938. It has been found that benzedrine has a synergistic action when used with a cycloplegic drug to speed up the reaction with the use of less drug and still get a maximum effect of the drug, hence a short-

ened recovery period. Beach and McAdams used a 1 per cent solution of benzedrine and a 5 per cent solution of homatropine. The cycloplegic was instilled first, followed by the benzedrine in two or three minutes, and a second dose of the cycloplegic in two minutes.

Homatropine and atropine have been used in this way with benzedrine. The cycloplegic action with homatropine and benzedrine is rapid, often well along in twenty to thirty minutes and at its peak in fifty to seventy minutes, after which it rapidly falls. For example, if the patient is seen in mid-afternoon he is often able to read later in the evening (9 or 10 P. M.) and usually do his work in the morning. When atropine and benzedrine are used the cycloplegic effect is at its height in one to one and three-fourths hours and the patient can read in two to four days. The amount of the error in refraction, whether strongly hyperopic or myopic, makes no difference in the results when compared with homatropine or atropine in the usual method of use. Beach and Mc-Adams found that the only difference between benzedrine and homatropine combination and atropine alone (for three days) was that atropine gave an increased error of one-fourth diopter.

Tassman² in the September, 1938, American Journal of Ophthalmology, reported on the use of paredrine, which has a chemical formula very similar to benzedrine, and has the following advantages: by being non-irritating, by producing no rise in intraocular tension in the normal eye, and the possibility of central nervous stimulation is lessened. Cycloplegia is produced in forty to sixty minutes and recovery is the same as that described for benzedrine. The same technic has been suggested as in benzedrine

^{*}Presented at the annual meeting of the Michigan State Medical Society, Grand Rapids, September, 1939.

or one drop of 4 or 5 per cent homatropine followed by one drop of 1 per cent paredrine and if desired a second drop of the latter can be used.

One method of using homatropine and paredrine is that of adding the homatropine (4 to 5 per cent) directly to the paredrine and instilling 1 drop of the combination in each eye, thereby doing away with repeated doses of the drug. Occasionally it is necessary to instill a second drop of the combination.

This new cycloplegia has many advantages over the others mentioned, but exclusive use of paredrine and homatropine is not necessarily advisable.

Perhaps the following schedule for cycloplegics on a basis of age would be quite useful:

Ages 1½ to 8 or 10 years: Atropine may be used 1 per cent three times a day for three days and refracted on the fourth day.

Ages 8 to 18: Scopolamine 1/5 per cent, two drops fifteen minutes apart and refracted at the end of

Ages 18 to 50: Paredrine and homatropine, one drop and refracted in forty to sixty minutes.

Bibliography

1. Beach, S. J., and McAdams, W. R.: Am. Jour. Ophth., 21:121, 1938.

Tassman, I. S.: Am. Jour. Ophth., 21:1019, (September)

OUR GUILD*

B. R. CORBUS, M.D. GRAND RAPIDS, MICHIGAN

With the turn of the century, a fledgling in medicine, I came into the guild of physicians. Sometime I would like to see a questionnaire sent out to the medical student asking him why he chose medicine for his life work, medicine which demands so much in preparation, so much hard work throughout life, with such a relatively small financial return. I surmise one would find many a different answer, and many of these not very substantial. As for me, I suspect that the dominant reason, though perhaps subconscious, was the desire to belong to the guild, in the atmosphere of which I was raised. In such

an atmosphere there were no illusions that the practice of medicine meant an easy life or that through it any considerable wealth might be attained. Nor did I ever hear any cant about medicine being a beautiful humanitarian profession. Indeed, I do not remember such a thought ever entering my mind. But it was a guild which held those whom I most admired and in it were many of my immediate relatives. I have never had occasion to regret my choice. In what other activity could I have found associates so much to my liking. I can agree with the statement made many years ago by W. D. Howells. He comments that "doctors are almost universally gentlemen, either because they were born so, or because the Hippocratic Oath makes them so."

Within the profession are my closest friends. Within the profession it has been my great good fortune to know men of the highest ideals and culture, and in general, to find in the profession a great friendliness. Our common interests bind us together, and although we frequently disagree, there is today, as there has been throughout the centuries, to use Osler's words, a "remarkable solidarity." Had I seen fit to travel far in my search for a location I could have found almost anywhere in the civilized world some one who spoke the language of my profession, some member of my guild who had similar interests, was carrying similar obligations and using quite similar agents and methods in the treatment of disease.

But I happened to come to Grand Rapids and here I found the guild spirit expressing itself in courtesy and kindliness and helpfulness. I look back with a great feeling of gratitude to many of the old timers from whom I received encouragement, and, what was even more essential, referred patients. I am under special obligation to Doctor Boise and to Doctor Griswold, whose reputations still live, while for my own contemporaries I have affection and an appreciation which has grown with the years. I presume I have always had, consciously or unconsciously, the guild spirit and the desire to contribute something to guild advancement. It has markedly influenced my professional th

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^{*}Read before the Kent County Medical Society at a din-ner given for President-elect Corbus, December, 1938.

life. I am grateful to the Kent County Medical Society, and to the profession of the State for giving me, when the occasion arose, the opportunity to make, so far as I have been able, my contribution.

As a guild we have back of us long centuries of tradition. Coming out of the dark ages we find medicine largely in the hands of the Jews and Arabs, but now it becomes part of the activity of the educated group of that day, the clergy. In spite of the abuse it received from the grasping monks, it was to remain, more or less, under the control of the church for a considerable period. But control by the church and the State did not lead to the desired advancement of the profession, and so came about, in the early thirteenth century, the formation of the guild of physicians. From the beginning the guild maintained a code of ethics, and enforced to a greater or lesser degree, obedience to its rules. It was influential in setting a standard of practice. Through its efforts there came to be a licensing of the physician by the State, and one of the first recorded institutions, the Faculty of Salerno, required, as early as the thirteenth century, three years of logic, five years of medicine and one year of study under a preceptor, as qualification for the license. It is interesting to note that in England in the early sixteenth century, under Henry VIII, the licensing body for "London and seven miles around" was the College and Faculty of Physik of London, a permanent institution which more than two centuries later was to become the Royal College of Physicians.

The influence of the guild through the centuries undoubtedly served to stimulate the development of the science of medicine and improve the quality of service. The control by the state was necessary to keep out the charlatan and the incompetent, but in so doing there was set up a privileged Now privileged groups, whether they are of the seventeenth century or of the present era, are likely to develop certain unfortunate characteristics, and Garrison says in his "History of Medicine," "The physicians in France in the seventeenth century had become pompous and disdainful in manner, narrowly jealous of their rights and privileges, regarding their fraternity as a closed corporation."

That we are not entirely free from some

of the faults of an earlier time we would not deny, but in largest measure the good has come down to us through our traditions, and the reason is that that good has rested upon the code, a code which finds its heart in that splendid humanitarian document, the Hippocratic Oath.

The guild's ambition has ever been to relieve and prevent suffering and illness and the unhappiness that goes with such conditions. By precept and example it has taught the neophyte that it was his obligation to sacrifice his comfort, yea even his health, if, in so doing, he could alleviate the suffering of others. No group, and I do not except the clergy, has held higher the standards of morality. No group has striven more earnestly for the advancement of science. For centuries the guild has preached education and more education, has fought for higher licensing requirements, has urged better schools and better teachers, and today, still unsatisfied, we promote postgraduate centers and even bring the postgraduate teaching to the door of the doctor too indifferent or too occupied to go to such centers.

But we have inherited some of the bad with the good. There still exists what Kanavel, in his presidential address to the College of Surgeons, calls "guild arrogance, guild complacency and guild fundamentalism." We have been inclined to look upon conservatism as a virtue in itself and to hold too closely to it. It is significant that to this. day we write our prescriptions in Latin. I think that we must acknowledge that as our organization developed there has crept in some, but by no means to the degree that our critics maintain, yet some of the trade union concept, and, as Kanavel further said, "We have oftentimes been so conscious of our own pure ideals, so filled with pride in our knowledge that we are responsible for the tremendous advance in the treatment and prevention of disease, that as individuals we resent the public questioning our methods of practice. The layman does not understand our reverence for tradition. It is a reverence for the tradition of fine ideals, and it is this tradition which has made for the permanency of the guild, not the tradition of the mode of practice. The critics say that too many doctors give but a lip service to the code. This is unfortunately true, and we regret the occasional commer-

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cialist and charlatan within our ranks, as members of the Clergy and the Bar must regret that such individuals are occasionally to be found in the Pulpit and on the Bench. In a way we balance the ledger by contributing to charity (my authority is Fortune magazine) an average of two thousand dollars per doctor each year, and we should answer those critics so free in laying the charge of inefficient and insufficient service at the door of the doctor, with the Federal Health Statistics which show that both the sickness and death rate are lower than in any other country, lower here in this country than at any time in history. Our method of practice may be outmoded, but it still works

Our critics charge that we have been slow to appreciate the implication of certain mass social movements which have been clearly evident for a considerable length of time to observing lay students. There is some considerable merit to this criticism, and your State Society, through its Council, had the temerity six years ago to urge the officers and Board of Trustees of the American Medical Association to recognize the changing social trend by some definite action. It was really more than an urge for action. It was a protest against inaction. It was apparent that the officers of the A.M.A. felt that they had many reasons for moving cautiously and slowly, and one of the reasons may have been pointed out by President Angel of Yale in his address before the College of Surgeons in 1933. "There are," he said, "too many practitioners who see in every social movement affecting medicine, simply one more effort to rob them of a livelihood, and forthwith devote all their energies to digging in where they are." We know, here in Michigan, at any rate, that "Today is being waged a titanic struggle between conflicting schools of thought, Socialism and Individualism. In their wide ramifications and implications they affect the daily lives, habits and welfare of the average person. Medical economics and its solution represent only one phase of a more general economic, social and political controversy."

Whether we like it or not, we will be forced, both by public opinion and government action, to yield some of our cherished traditional modes of practice. In our hearts

we have known for some time that the mechanics of the practice of medicine needed adjusting. Indeed the machine has been creaking for many a year. We complained of the encroachment by government through its various health agencies; we complained of the encroachment on our practice by the free clinic supported by private philanthropy, free clinics to which we freely gave our service and for which we received but little credit. We worked in these clinics because it was a part of our creed, because we felt it was our contribution to society, because we wanted to see more cases that we might be more efficient. And we did not see that this fever for clinics was, in a way, evidence that the guild was not doing its job to the satisfaction of the public.

The public, rich, poor and middle class, wants to have the benefit of the many advances in medical science. It is a perfectly logical desire which we ourselves have created. We have insisted that our patient must have the opportunity to use the many instruments of precision, most of them invented by us. We have said that the patient, rich or poor, must have the advantage of the x-ray, the well-equipped operating room, the extra opportunity to recover through the use of the oxygen tent and serum in pneumonia. The art of medicine, which constituted say four-fifths of the armamentarium of an earlier generation, gives way to a constantly increasing armamentarium of expensive procedure, and it is all to the good if a way can be found to pay the shot.

The Michigan State Medical Society hopes that it has found that way through its plan of voluntary health insurance and the associated group hospital insurance. This has not come about just in the last few months. We attacked the problem at its foundation with our "Survey of Medical Services and Health Agencies in Michigan" completed in 1933, at a cost of ten thousand dollars or more, and for nearly seven years the Michigan State Medical Society has been interested and working on this problem. We believe that this plan of voluntary insurance will be satisfactory because it is to the best interest of both patient and doctor.

Above all, we want what is best for our patients. If there is a better way to practice medicine, we want to practice it that way, but we feel sure that practicing medicine un-

der a system of political control is not best for our patients. We do not want medicine placed on a factory production basis. We want to live by that code which has come down to us over these many centuries, and we want to feel that there is a personal side to the practice of medicine, for that is the heart of medicine. When we urge voluntary insurance instead of compulsory insurance, we have in mind always that the patient under this plan will have the free choice of

physician. For him it means that he is free to choose the kindly sympathetic doctor who understands both him and his disease. For the doctor it means competition with his fellow, the incentive to study and the incentive to work hard that he may excel. Without this incentive, without the personal interest, without the heart motive which is the soul of our guild, the practice of medicine will be a poor thing.

TREATMENT OF PAROXYSMAL HICCOUGH WITH BENZEDRINE SULFATE INHALATION

HENRY A. HANELIN, M.D. MARQUETTE, MICHIGAN

Paroxysmal hiccough may be defined as a rhythmically involuntary clonic contracture of the diaphragm with the emission of a peculiar, familiar sound which characterizes the phenomena being produced in the larynx by the sudden intake of air resulting from the action of the diaphragm and the coincident closure of the vocal cords. Kremer,⁴ quoted by Brown,¹ classifies the causes as follows:

1. The effect on the central nervous system of psychic influences and emotional disturbances as well as any organic lesions of the brain.

2. Chemical irritation of the respiratory center by substances reaching it through the blood stream (toxic agents, uremia, acidosis, et cetera).

3. Reflex through irritation of sensory fibers in the distribution of the phlegm and sympathetic nerves (thorax and abdomen).

There is another form of hiccough which I have called "paroxysmal hiccough," similar to certain paroxysmal physiological states such as paroxysmal tachycardia and other conditions which come on without apparent cause and persist unless treated promptly, and which may terminate as suddenly as they started. Paroxysmal hiccough is seen very frequently in private practice and the patients, as a rule, present themselves with this annoying symptom usually from one to five hours after the onset of the hiccoughing. The usual story is that the onset occurred without warning while the patient was going about his ordinary tasks and continued until practically every respiration was accompanied by an involuntary contracture of the diaphragm, and as the interval becomes shorter the attack becomes more persistent and the patient becomes distressed enough to seek medical relief.

Recently Shaine⁸ called attention to the use of benzedrine sulfate in persistent hiccough and attributes its action to its specific antispasmodic effect upon the gastrointestinal tract which has been so well demonstrated by Myerson and Ritvo,5 Ritvo,6 Smith and Chamberlin,9 Rosenberg and Arens,7 and Hill.2,3 However, in all these experiments the work was done with the benzedrine sulfate tablets given either in fractional or whole doses of 10 mgs. each. No mention is made of the use of the benzedrine sulfate inhaler as a ready source of treatment available at times when the tablets cannot be obtained. The well-known effect of benzedrine sulfate inhalation in the treatment of congestion of the upper respiratory tract is presumably due to the stimulation of the sympathetic nerve fibers therein, and besides its local manifestations there is usually an accompanying systemic reaction such as palpitation, restlessness, euphoria, insomnia, and occasionally, as so often seen with ephedrine, nausea.

Case Reports

Case 1.—M. A., a young secretary, twenty years of age, consulted me after having had a persistent

paroxysmal hiccough of five hours' duration. The patient was acutely distressed and was unable to go about her work. Not having any benzedrine sulfate tablets available, she was given one inhalation in each nostril of the volatile preparation of benzedrine sulfate and the relief was instantaneous, and with-

out recurrence.

Case 2.—M. T., multipara, aged twenty-six, was operated upon for left ectopic pregnancy and on the second postoperative day began to hiccough, subsequent to which inhalations of benzedrine sulfate were given with complete relief of the symptoms. This case demonstrates very clearly that the inhalation treatment of postoperative hiccough is as effective as the tablet.

Case 3.—W. P., aged thirty-eight, with past history of paroxysmal hiccough which sometimes would persist for days at a time to a point where the patient was unable to swallow water, was given an in-halation of benzedrine sulfate with complete abatement of the symptoms.

Summary and Conclusions

Attention is called to the use of benzedrine sulfate inhalation in the treatment of paroxysmal hiccough which, due to the usual systemic reaction, coincidently stimulates the sympathetic nerve fibers of the gastrointestinal tract, namely through the thoraco-lumbar chain of sympathetics with subsequent stimulation thereof and release of the smooth muscle spasm due to possibly excessive vagus stimulation.

Three case reports are given, two of which demonstrate the effectiveness of benzedrine sulfate in a paroxysmal type of hiccough and one case of its use following surgery.

Benzedrine sulfate inhalations are effective in controlling the paroxysmal contractign of the diaphragm which gives rise to the characteristic sound known as a hiccough.

Bibliography

- 1. Brown, Ralph C.: Hiccup. The Cyclopedia of Medicine Vol. VI, 828-832. F. A. Davis Co., 1937.
 2. Hill, J.: Benzedrine in seasickness. Brit. Med. Jour., 11:1109, (Dec. 4) 1937.
 3. Hill, J.: The treatment of seasickness. The Practitioner, 138:297, (March) 1937.
 4. Kremer, Hans: Uber den Singultus. Ergebn. d. Chirg. u. Orthop., 15 Band, 1922.
 5. Myerson, A., and Ritvo, M.: Benzedrine sulfate and its value in spasm of the gastro-intestinal tract. Jur. A.M.A., 107:24, (July 4) 1936.
 6. Ritvo, M.: Drugs used as an aid in roentgen examination of the gastro-intestinal tract. The use of mecholyl, physostigmine and benzedrine in overcoming atonicity, sluggishness of peristalsis and spasm. Am. Jour. Roent. and Rad. Ther., 35:868, (Dec.) 1936.
 7. Rosenberg, D. H., Arens, R. A., Marcus, P., and Necheles, H.: Benzedrine sulfate: Its limitations in the treatment of the spastic colon and a pharmacologic study of its effects on the gastro-intestinal tract. Jour. A.M.A., 110:1994, (June 11) 1938.
 8. Shaine, Marks, S.: Benzedrine sulfate in persistent hiccup. Am. Jour. Med. Sci., 196:715-717, (Nov.) 1938.
 9. Smith, O. N., and Chamberlin, G. W.: Benzedrine sulfate; its effects on the motor function of the digestive tract, on gastric acidity and on evacuation of the biliary system. Radiology, 29:676, (Dec.) 1937.

ANALYZE POLIOMYELITIS EPIDEMIC

An epidemic of twenty-two cases of poliomyelitis (infantile paralysis), occurring in Niagara Falls, N. Y., during a period when the attack rates in adjoining areas were markedly low, is reported by Ernest L. Stebbins, M.D., Edward E. Gillick, M.D., Niagara Falls, and Hollis S. Ingraham, M.D., Albany, N. Y., in *The Journal of the American Medical Associa*tion for October 21.

Bulbar paralysis was observed in thirteen of the cases, twelve of whom died. Bulbar paralysis involves a limited section of the brain stem. It affects various muscle groups, especially those of the extremities, mastication, swallowing and respiration. The ages of the afflicted patients varied from 4 months to 21 years, and all but three were less than 10 years

There was a rather definite geographic grouping of cases in the city. Ten of the cases occurred within a radius of three city blocks and all but two occurred in persons residing within ten blocks of the Niagara River. This did not, however, constitute a definite concentration of cases near the waterfront.

The economic status of the families in which cases occurred was in general a little below average, but in none was there evidence of great poverty. The children suffering from the disease almost invariably were especially healthy and well nourished prior to the illness.

No history of direct contact between the patients was obtained, but in a number of instances friends were found to have been common to more than one patient. No multiple cases occurred in any household nor were there any suspicious illnesses among contacts of the patients. No one milk supply was found to have been used by any disproportionate number of the patients. The usual water supply in all but one case was the municipal supply. No history of recent insect bites was obtained in any case.

THE JOURNAL

OF THE

Michigan State Medical Society

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NOVEMBER, 1939

"Every man owes some of his time to the upbuilding of the profession to which he belongs."

-THEODORE ROOSEVELT.

EDITORIAL

THE ANNUAL MEETING

THE big event of Michigan Medicine has come and gone. Many excellent papers were presented, most of which will appear in future numbers of this JOURNAL. This number contains the report of the deliberations of the House of Delegates so that every member, whether present or not, will have an opportunity to follow the discussions of those he has chosen to represent him in the Counsels of the Michigan State Medical Society.

The Annual Meeting in September is the occasion for a change (not entirely) of officers. The change is for the most part a

moving up of men already long experienced, and the retirement of the president.

Dr. Burton R. Corbus, who has had a long experience as councillor, as well as secretary of the society, from a year as president-elect, assumes the office of president. Dr. Corbus is almost too well known to the medical profession of Michigan to require any lengthy introduction. However, for recent members of the medical profession in the state, the following elaboration from Who's Who published a year ago when he was made President-elect may not be out of place:

"Dr. Corbus was graduated from the University of Illinois in 1900 with the combined degrees of B.S. and M.D. He has practiced continuously in Grand Rapids since 1906, where he has confined his work to internal medicine. His ability in his own city has been recognized by his appointment as chief of the staff of the Butterworth Hospital for five years. He was president of the Kent County Medical Society in 1912. Dr. Corbus is a fellow of the American College of Physicians and a member of the American Gastroenterological Association. With the appointment of a successor as secretary of the Michigan State Medical Society in the person of Dr. L. Fernald Foster, Dr. Corbus retired from his erstwhile activities in organized medicine. Not entirely, however, for since the resignation of President Ruthven as chairman of the Joint Committee on Health Education, Dr. Corbus was appointed to this position, in which he is now active in the education of the public in the popularization of medical knowledge. This itself has become a very important activity of the Joint Committee, which not only includes the Michigan State Medical Society, but a score of allied organizations whose interest is public and private health. Both the Michigan State Medical Society and Dr. Corbus are to be congratulated on the doctor's appointment as president-elect for 1938-39."

Doctor Corbus, as mentioned, has long shown profound interest in the subject of taking the layman into the confidence of the medical profession, for such is in a word the object of the Joint Committee.

Dr. Paul Urmston of Bay City was made president-elect. This is a fitting recognition of Dr. Urmston's service as chairman of the Council, which also means chairman of the Executive Committee of the Council, which meets each month of the year except September and January, when the entire Council meets in session.

Dr. Henry R. Carstens succeeds Dr. Urmston as chairman of the Council. Dr. Carstens comes to the position with a wide knowledge and experience of medical executive affairs. He has been a member of the Council for a number of years, as well as

chairman of the finance committee, which has meant membership of the executive committee. He has served efficiently both as position, namely, chairman of the County Societies Committee. This, of course, will entitle Dr. Cummings to membership on the



BURTON R. CORBUS



HENRY R. CARSTENS

president-elect and president of the Wayne County Medical Society, as well as Michigan representative on the board of the American College of Physicians.

Dr. Howard H. Cummings has been a member of the Council representing the 14th district for a number of years. In the coming Council, he is given a newly created



PAUL R. URMSTON



HOWARD H. CUMMINGS

Executive Committee. As intimated, Dr. Cummings has served long and ably as a member of the Council and now the profession will have the benefit of his mature judgment in the monthly administration of the affairs of the Society.

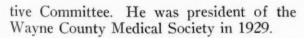
Dr. A. S. Brunk has been appointed vicechairman of the Council. Dr. Brunk has been a member of the Council for ten years and as chairman of the Publication Committee, he was also a member of the ExecuHe performed Mexican border service and served as Captain and Major in the Medical Corps in the World War; his overseas serv-



A. S. BRUNK



O. D. STRYKER



Dr. Roy C. Perkins, who succeeds Dr. Urmston as councillor for the tenth district, was born at Harbor Beach, Michigan, July, 1878. He attended the Harbor Beach High School and the University of Michigan, graduating from the University Medical Department in June, 1903. He practiced medicine at Harbor Beach, 1903-04, and then moved to Bay City, where he has continued in the practice of medicine until the present time, except for time spent in U. S. Army service, June, 1916, to June, 1919.



ROY C. PERKINS



JAMES J. O'MEARA

ice covered the period from February, 1918, to May, 1919.

He is a member of the Bay County Medical Society; Michigan State Medical Society; and American Medical Association since 1905; he was president of Bay County Medical Society 1912; member of the Mercy Hospital Staff, president of Staff 1926-27; member of the General Hospital Staff, president of Staff 1935-36; delegate to Michigan State Medical Society from Bay County Medical Society 1935-39. He was appointed to the State Council of Health by Gov. Dickinson, May 26, 1939.

Dr. O. D. Stryker, new speaker of the House of Delegates, was graduated from Calvin College with the degree of A.B., and he obtained his M.D. from Northwestern University. He spent an interneship at Grace Hospital, Detroit. Since 1929, he has been in general practice in Fremont. Dr. Stryker has been very active in civic affairs in Fremont, having served three terms as Mayor of the city and also as a member of the board of directors of the Chamber of Commerce. Dr. Stryker is a member of the staff of the Gerber Memorial Hospital in Fremont.

Dr. James J. O'Meara of Jackson is deputy speaker of the House of Delegates. Dr. O'Meara attended the University of Michigan and Northwestern University, graduating from the latter in 1911, after which he spent his internship in Oak Park Hospital, Chicago. He began practice in Jackson in 1912, spent 1918-1919 in the Army. He returned to Jackson, where he has been in practice ever since. He is on the staff of Mercy Hospital and W. A. Foote Memorial Hospital.

Dr. Vernon Moore of Grand Rapids was made chairman of the Finance Committee. Dr. Moore is counsellor from the Fifth District.

SYMPTOMS IN RELATION TO NORMAL FUNCTION

AS the leading contributed article in this JOURNAL appears a paper by Dr. Harold I. Lillie of the Mayo Clinic, Rochester, Minnesota, on Certain Symptoms Common to the Nose, Explained on a Physiologic Basis. This paper was read at the annual meeting of the Michigan State Medical Society. We have called attention from time to time to the importance of the preservation of papers presented at the annual meetings. There are few more important subjects for Michigan doctors than that chosen by Dr. Lillie, when one considers the prevalence of upper respiratory infection in this state. The author of the paper emphasizes the very important subject of the rhinologist. The specialist in rhinology or otolaryngology, the term used to designate that department of medical practice which is concerned with the ear, nose and throat, is doubtless familiar with the details treated in Dr. Lillie's

paper. The general practitioner, however. who sees a great number of these cases may not be so familiar. The time was when anatomy was considered the most important subject for the surgeon and physiology for the internist. This idea has undergone considerable modification within recent years. when it has been found that it is impossible to practice good surgery without a thorough knowledge of physiology. This is true of abdominal surgery as well as surgery of the upper respiratory passages. Dr. Lillie goes on to say that rhinology has made great progress during the past twenty-five years, to the effect that it is at the present practiced on a more conservative and scientific basis. It was formerly practiced to a large extent on an anatomical basis, with the result that many patients were subject to destructive intranasal operations without their symptoms being relieved.

The tendency of modern specialization in medicine fortunately is to see the patient as a whole and not a detached organ, the function of which has been altered by pathology. The author presents many facts of the present-day knowledge on nasal physiology and emphasizes the fact that perhaps no other organ is affected by environment to the same extent as the nose. For instance, there is a direct relation between the nose and climate, which includes not only temperature change, but the humidity as well as irritating substances in the air itself.

The nasal membranes of adolescents are found much more responsive to environmental changes than those of older persons. This may account for the tendency to common colds in the adolescent and young adult.

A careful study of Dr. Lillie's paper will shed valuable light on various conditions which confront not only the rhinologist but the general practitioner as well.

Michigan Medical Service

Read pages 960 to 963 for information concerning this service

President's Page

THE MEDICAL SERVICE PLAN

E IGHT years of study, and now "The Medical Service Plan." Although not undertaken with that objective, we challenge, with this plan, the forces which claim that socialized medicine under a Governmental Bureaucracy is the *only* way.

This is not a new pattern for the practice of medicine. It is the old traditional pattern fitted to a new economic method.

Within the plan the doctor continues to compete fairly with his fellows through his endeavor to supply a better *quality* of medical care to his patients.

Keeping up with the constantly advancing science of medicine through reading and postgraduate courses will continue to be his best bet to win in the competitive field.

The patient chooses his own doctor. When the catastrophic illness hits, with a peace of mind unshattered by money troubles, he carries through on his own, no borrowing, no charitable relief, no loss of self respect, no impoverishment.

Perhaps it is not the final answer to the problem. It *must* be something of an experiment, and it will be successful in direct proportion to the sincere effort which is put into it by each member of the Society.

Yours, most sincerely,

Burton IP. Carbus

President, Michigan State Medical Society.

Department of Economics

L. FERNALD FOSTER, M.D., Secretary

COMMITTEES OF THE MICHIGAN STATE MEDICAL SOCIETY

WE HAVE now entered upon a new year of activities in the Michigan State Medical Society with new committee personnel. Time was when an appointment to a committee was rather an empty honor, entailing little or no effort on one's part. With an ever enlarging scope of activity, and the need for sustained effort in medical affairs, a committee appointee now becomes a very integral part of organized medicine.

Over twenty committees now comprise the committee roster of the Michigan State Medical Society. We review with distinct pride the splendid contributions these groups have made in the past, especially in recent years. The Legislative Committee has developed outstanding public relations and has done much to develop a better understanding of health problems in the minds of the laity. The Committee on Postgraduate Education maintains a most unique program of medical education, having pioneered in this work in the United States. The Committees on Distribution of Medical Care, Public Relations, Joint Committee on Health Education, Medico-legal, Radio and Membership have greatly enhanced the objectives of their respective committees. The Committee on Ethics has made its influence felt throughout the fifty-four county components, to the end that a finer coöperation between individual physicians is definitely apparent. This year, a new Committee on Child Welfare has been appointed, which, along with the Committees on Cancer, Maternal Health, Mental Hygiene, Syphilis Control, Tuberculosis, Pneumonia, Occupational Diseases and Degenerative Diseases, collaborate, through their chairmen, in making up the activities in Preventive Medicine. This will develop a finer correlation between the various health activities of the large group of committees. The Advisory Committee to the Woman's Auxiliary will guide the endeavors of that rapidly growing organization, whose contributions to good medical practice and public health cannot be overestimated.

The committee organization of the Michigan State Medical Society is so developed as to provide the greatest possible efficiency in coördination of effort and realization of worthy objectives. Every plan and project is filtered through some committee and finally acted upon by the Council or its Executive Committee.

President Burton R. Corbus has announced his new appointments for 1940, and he is deserving of the finest commendation for his choice of personnel. He has retained many committeemen who have labored so effectively in the past, and has added thereto new men, physicians who will bring new thoughts and ideas to the many fine programs which have been so well sustained by the previous committees.

It is unfortunate that each of our more than 4,300 members cannot serve on some committee, but progress will be maintained by carrying on from year to year with new workers—physicians with the enthusiasm to maintain the traditions of medicine, and develop the finest type of health programs in Michigan

in Michigan.

The Michigan State Medical Society is grateful to every committeeman. An appointment to any committee entails considerable sacrifice of time, effort and expense. It is a responsibility which every appointee has assumed with a most com-

mendable spirit.

AFFLICTED-CRIPPLED CHILDREN SCHEDULES REINSTATED

THE Michigan State Medical Society Council and the Crippled Children Commission had a three-hour conference in Grand Rapids, September 20, discussing the one-third reduction in schedules A and C made by the Commission in June. Other inadequacies covering the medical care of afflicted and crippled children under these acts were frankly discussed, and a program of coöperative action, for the benefit of the children, was decided upon.

Schedules A and C for Afflicted and Crippled Children have been restored by

action of the Commission and are to become effective on October billing. In a letter to the Michigan State Medical Society dated October 6, 1939, W. S. Ramsey, M.D., Director of the Commission, states: "This is to inform you that the Michigan Crippled Children Commission has reinstated the fees for the care of afflicted and crippled children as given in schedule A and schedule C, with the exception of those fees which exceed the legal limit of \$50, effective as of October 1, 1939."

Inadequate Deficiency Appropriation

With reference to bills for services performed prior to June 30, 1939, on which the State is paying 67.2212 per cent, in those few cases where the parents or guardians reimburse the State for the full amount of the hospital and doctor bill, Auditor General Vernon J. Brown states, in a letter dated October 6: "We wish to assure you that where the State of Michigan has collected from parents the full amount of the bill (under the Afflicted-Crippled Children Laws), that we will immediately forward our warrant to the Doctor of Medicine and to the Hospital for any sum still due them."

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T HE new Intangible Tax Law (Michigan Public Act No. 166 of 1939), which will apply to physicians, provides "for the imposition and the collection of a specific tax upon the ownership of intangible personal property." The law went into effect on October 1, but the first levy of tax will be for the calendar year 1940 so that returns will not be filed until after January 1, 1941.

The tax imposed amounts to 6 per cent of the value of the income from income-producing personal property and one-tenth of 1 per cent of non-income producing property. Of particular interest will be the effect on accounts receivable, which are considered intangible personal property subject to the tax.

The Michigan State Tax Commission is now developing rules and regulations to govern the enforcement of the law. As soon as this information is available, an analysis of its application to physicians will be published in The Journal.

USE OF TITLE "DOCTOR"

THE Michigan Supreme Court, on September 6, 1939, decided a case from which the following sentence was quoted: "A chiropractor is not permitted to use the terms 'Doctor,' 'Physician' or 'Surgeon' (2 Comp. Laws, 1929, Sec. 6739; Stat. Ann., Sec. 14-5-33)."

Attorney General Thomas Read, on September 18, 1939, rendered an opinion which included this language: "As to the right of chiropractors, optometrists and chiropodists to use the title 'Doctor' in connection with the practice of their respective professions . . . the evident purpose of the sections of the medical practice act is to prevent deception by those not authorized to practice medicine under the terms of the act in using any designation or prefix of title indicating that they are so licensed to practice. The two sections (6744 and 6745 of the Comp. Laws of 1929) should be read and considered collectively in determining whether any given case falls within the scope of the act in question. Chiropractors are prohibited from using the prefix or appellation or any abbreviations thereof in any manner in connection with their practice."

REASONABLE DEGREE OF LEARNING AND SKILL

VERY physician, when he undertakes to L'VERT physician, mich diagnose, operate, or prescribe for a patient, enters into a distinct contractual relationship with that patient. Upon this relationship the law imposes certain definite mutual obligations and duties. The physician or surgeon must possess, and the law "places upon him the duty of possessing, that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in the locality where he practices, and which is ordinarily regarded by those conversant with the employment as necessary to qualify him to engage in the business of practicing medicine and surgery." —From "Law and the Practice of Medicine," by W. S. Jordan, Jr., Scalpel, publication of Alpha Epsilon Delta, for December, 1937.

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MICHIGAN MEDICAL SERVICE—A DIGEST

HE Michigan State Medical Society recently gave endorsement to the medical service plan, "Michigan Medical Service," which has been developed after nine years of careful study as an answer to the

problem of certain groups in paying for medical services.

Although full information concerning Michigan Medical Service has been made available to Councilors, Delegates, and members at large, both prior to and during the Annual Convention in Grand Rapids, further data explanatory of the Michigan Medical Service plan will be published from time to time in THE JOUR-NAL. For their own interest, as well as the interest of their paphysicians tients. should familiarize themselves fully with the provisions of the Michigan Medical Service plan.

What Michigan Medical Service Is

Michigan Medical Service is a voluntary non-profit group medical care corporation organized under spe-

cial enabling legislation (Act No. 108 of 1939) passed by Michigan's Legislature under the sponsorship of the Michigan State Medical Society. Subscribers to this medical service plan will be entitled to designated medical services from doctors of medicine.

The purpose of Michigan Medical Service is to assist residents of Michigan in the low income group to obtain the services of doctors of medicine by providing for medical services in return for small monthly subscription payments.

Almost a decade of surveys and studies by the Michigan State Medical Society at a cost of over \$30,000 has indicated con-

vincingly that the primary problem is the economic inability of certain classes of the population to utilize existing medical services and facilities. Consequently, the Michigan State Medical Society has developed Michigan Medical Service as a means to assist these persons to make use of available medical services.

MICHIGAN MEDICAL SERVICE FULFILLS A.M.A. PRINCIPLES

Particular attention is called to the fact that the Michigan Medical Service plan fulfills the requirements of the ten principles recognized as fundamental for a sound medical service plan by the American Medical Association:

1. All features of the medical service plan will be under the control of the medical profession.

No third party will come between the patient and his physician. The responsibility for the character of the medical service will be borne by the medical profession.

Subscribers will have free choice of a legally qualified doctor of

medicine.

The method of giving service will retain a permanent, confidential, "family physician" relationship between the physician and the patient.

5. Medical service is considered sep-

arately from hospital service.

6. The cost of the payments for medical services will be borne by the patient in accordance with his income status.

7. There is no connection between the medical service and cash bene-

fits for the patient,

8. All legally qualified doctors of medicine who wish to give services under the conditions estab-lished will be included.

The group to be served will be below the "comfort level" standard of income.
 There will be no restrictions on

treatment or prescribing which are not formulated and enforced by the organized medical profession.

Basis for the Medical Service Plan

Many physicians and lay persons have asked just what the basis for the proposed medical service plan is. From the following major sources of information, the fundamentals of a medical service plan have been adopted for inclusion in the Michigan Medical Service plan:

1. Much of the essential information for a sound medical service plan to assist peo-

ple of Michigan to pay for medical services was accumulated in the surveys by the Michigan State Medical Society-particularly the Report of the Committee on Survey of Medical Services and Health Agencies, which consists of 175 pages and embodies three years of research.

2. The Committee on the Distribution of Medical Care of the Michigan State Medical Society has devoted much of its time during the past several years to a consideration of the problems of a medical service plan.

3. A committee of the Washtenaw County Medical Society conducted a special study of medical costs in the operation of medical service plans in conjunction with the University of Michigan and the Michigan State Medical Society. Other county medical societies such as those in Wayne and Calhoun counties have collected material relative to the organization of a medical service plan.

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4. Much information has been obtained from studies of the incidence of illness and the costs of medical care such as:

(a) The special study of the Bureau of Medical Economics of the American Medical Association, which determined the cost of medical care for a representative group of 1,000 persons.

(b) The 27 publications constituting the survey made by the Committee on the Costs of Medical Care.

(c) Several studies of the Metropolitan Life Insurance Company.

(d) A state-wide survey by the California State Medical Association.

(e) Special studies on various aspects of medical service plans by other agencies and medical societies.

5. Perhaps the most important source of information on which Michigan Medical Service was based was the actual experiences obtained from operating medical service plans such as the medical service bureaus in Washington and Oregon of which there are now seventeen in operation; the Medical Service Bureau, Atlanta, Georgia; Windsor Medical Service, Inc.; Associated Medical Services of Toronto; California Physicians' Service, San Francisco; Superior Health Association, Superior, Wisconsin; Mutual Health Service, Washington, D. C.; and Hawaii Medical Service Association, Honolulu.

The Michigan Medical Service Plan

For an understanding of the Michigan Medical Service plan itself, the following outline indicates the fundamental principles:

Administration.—Michigan Medical Service will be administered by a Board of Directors consisting of 11 to 35 representatives of the public and the medical profession.

The first Board of Directors will be elected by the incorporators who are the members of the Executive Committee of The Council and Officers of the Michigan State Medical Society. Thereafter, the members of the House of Delegates of the Michigan State Medical Society will elect the Directors, one-third to be representatives of the public.

The customary officers and committees will be elected to conduct the activities of Michigan Medical Service. Of particular interest to physicians is the arrangement for the establishment of local Medical Advisory Committees by the medical profession in each locality so that professional judgment will guide the relations with physicians concerning participation, fees, and the rendering of services.

The Articles of Incorporation of Michigan Medical Service have already been certified by the Attorney General. The Michigan State Medical Society has advanced the necessary working capital. The plan will go into effect in the near future and its operation will be under the direct supervision of the Insurance Department of the State of Michigan.

Membership Requirements.—All employed persons under the age of 65 who can be enrolled in groups of 25 or more, will be eligible for membership. Experience has shown that group enrollment is a definite requisite, at least during the initial period of operation. Subscribers may enroll their dependents, including the husband or wife and the children under 21 years of age.

An annual income not in excess of \$2,000 for individual subscribers and \$2,500 for subscribers and their families is tentatively proposed as a membership requirement. This income limitation has been determined on the basis of a careful analysis of the income distribution of the population in Michigan. There have been some suggestions that the income limit be lowered and some that it be raised. The proposed limit is the "comfort level" of eligible subscribers and all persons with lower incomes are considered as deserving of the benefits contemplated under the medical service plan. It is of interest that most of the other medical service plans have adopted this or a higher income limit. In the California Physicians' Service plan,

the limit is \$3,000 per family, and the new Pennsylvania law designates \$3,120 as the family income limit.

Residents of Michigan who are on relief or are dependent on public assistance will be entitled to home and office medical services under the new Social Welfare Law. A Medical Relief Division of Michigan Medical Service can be organized to offer home and office medical services to persons in the several relief or public assistance groups, provided the per person amount required for the costs of such services will be paid to Michigan Medical Service out of state funds supplemented by county funds. The development of this program for the consideration of the Social Welfare Commission will be undertaken in the very near future.

Benefits.—Subscribers to Michigan Medical Service and their dependents will be entitled to receive the following benefits:

- 1. Medical and surgical care from doctors of medicine of their own choice, including home, office and hospital visits.
- Consultation services and special medical services such as x-ray, laboratory and anesthesia services performed by doctors of medicine.
- 3. Obstetrical services after membership for a period of 12 consecutive months.
- 4. Medical services necessary to establish a diagnosis for tuberculosis, venereal diseases, cancer, and nervous or mental conditions.

After the payment of the first \$5.00 incurred for medical service, the subscribers will be entitled in any one subscription year up to:

\$325 worth of medical services for individual subscribers

\$550 worth of medical services for husband and wife

\$875 worth of medical services for a family.

The payment by the subscriber of the initial expense for medical services is a requirement that has been found necessary by operating medical service plans to avoid excessive demands for trivial services. Such a provision will not prove a barrier to the obtaining of needed preventive or curative medical services. Subscribers who require services will pay the first \$5.00 of medical charges only once in a subscription year, re-

gardless of the number of persons entitled to benefits under the subscription payment. For example, if one member of the family has required medical services, then after the payment of the first \$5.00 of charges incurred, he and the other members of the family will be entitled to an aggregate of \$875 worth of medical services without the payment of any other initial charge.

Limitations.—There are as few restrictions as possible. However, it is obvious that some limitations are necessary to bring the cost of the plan within the incomes of the eligible subscribers.

The benefits of the Michigan Medical Service plan will be limited to the professional medical services of doctors of medicine. Dental care, nursing service, drugs, appliances, and hospitalization are not included. The Michigan Society for Group Hospitalization, sponsored by the Michigan Hospital Association, offers hospital services on a similar group payment basis and has already enrolled more than 40,000 members.

Medical services will not be provided as a benefit of the Michigan Medical Service plan for alcoholism, drug addiction, and self-inflicted injuries, or conditions which are compensable under the U. S. Employees' Compensation Act, the Workmen's Compensation Act of Michigan, or other special legislation. Such conditions which occur through the subscriber's own wilful volition or for which the subscriber is entitled to medical services under special legislation will not be included.

Costs.—The subscription rates proposed for Michigan Medical Service are:

\$2.00 per month for individual subscribers \$3.50 per month for husband and wife

\$4.50 per month for a family

A registration fee of \$1.00 will be charged only in the first subscription year to provide for part of the cost of enrolling members.

The actuarial basis of this rate structure has been carefully determined from the basic sources of information previously indicated. The annual income per person which will be received gives considerable assurance of stability and if a surplus is accumulated it can be used to lower the

subscription rate or to increase the benefits.

The employer can also contribute part of the cost to help his employees obtain the benefits of this plan. For those persons who are destitute or who are in the very low income group—the indigent or medically indigent-special arrangements may be made with governmental agencies or private agencies for the payment of part or all of the subscription cost. This is specifically a provision of the enabling act.

The subscription rates are as low as possible in view of available information concerning costs under medical service plans. To offer lower rates would simply mean endangering the quality of the medical services and the undermining of the entire program.

A Digest of the Arrangements between Physicians and Michigan Medical Service will appear in the next issue of The Journal.



Three Presidents

Henry A. Luce, M.D., Detroit, retiring president of the Michigan State Medical Society; Rock Sleyster, M.D., Wauwatosa, Wisconsin, president of the American Medical Association, and B. R. Corbus, M.D., Grand Rapids, president of the Michigan State Medical Society—President's Night, Grand Rapids convention of the Michigan State Medical Society September 20. Michigan State Medical Society, September 20,

HOLIDAYS JUST AHEAD!

THINK OF YOUR DIABETICS

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(Sugarless pastries) Subtract from temptation Add to pleasure

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Woman's Auxiliary

PRESIDENT'S MESSAGE

First, I wish to express my gratitude to the members of the Woman's Auxiliary for the honor and privilege of serving as their President. When I review the work of my pred-



ecessors, I realize the great re-sponsibility which I have as-sumed! However, with the able help of our other officers, the hard-working committees, and with the coöperation of all members of the Woman's Auxiliary, I look forward confidently to twelve months of continued accomplishment by our organization.

MRS. L. G. CHRISTIAN Annual Report of the Advisory Committee to the Woman's Auxiliary, in Grand Parish on Seaton ber 18 it and orsed the following Rapids on September 18, it endorsed the following recommendation: "May we invite your attention to the advisability of the State Society's formulating a directional program for all Auxiliary activities. . . . We urge that this be given consideration."

The Council of the Michigan State Medical Society has kindly followed this suggestion. It recommends the following activities as part of the Woman's Auxiliary program during 1939-40:

- 1. The organization of an Auxiliary in every county of the state, so that benefits may be enjoyed by physicians, their wives, and the pub-
- Continuation of the program of public relations: (a) to bring to the people facts on the history and benefits of Medicine so that the public receives authentic information, and antimedical propaganda unjustly prejudicial to physicians is counteracted.

(b) particularly during the coming year to emphasize the benefits accruing to our people from "Michigan Medical Service," the M.S.M.S. plan for group medical care.

3. A definite campaign of individual activity by members of the Woman's Auxiliary to the end that every Michigan physician takes advantage of some postgraduate work during the year (including the formal postgraduate courses sponsored by the Michigan State Medical Society and the University of Michigan, attendance at the Convention of the State Society, and at county medical society meetings, and the reading of the M.S.M.S. and other medical Woman's Auxiliary planned for the same night as county medical society meetings will encourage greater attendance at the medical meetings.

Physicians' wives should ever remember that they are leaders of thought and action in their communities and circles, and that they should assume this leadership-in the interests of Medicine. When this opportunity for leadership is neglected by the wives of doctors of medicine, frequently it is appropriated by others whose views on Medicine are either unsound or antagonistic.

> MARY C. CHRISTIAN, President 400 Everett, Lansing, Michigan

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MICHIGAN STATE MEDICAL SOCIETY

SEVENTY-FOURTH ANNUAL MEETING

Proceedings of House of Delegates

Pantlind Hotel, Grand Rapids, Michigan September 18, 1939

Monday Morning Session September 18, 1939

The Annual Meeting of the House of Delegates of the Michigan State Medical Society convened at 9:20 A. M. at the Pantlind Hotel, Grand Rapids, Michigan, with the Speaker, Dr. Philip A. Riley, presiding.

THE SPEAKER: I now declare this House of Delegates to be in official session.

Following is the roll call for the three sessions:

DECODE	OF	ATTENDANCE	

	COUNTY	DELEGATE		ession	
	COUNTI	DEBEGRIE	1st	2nd	3rd
1.	Allegan Alpena-Alcona-	E. T. Brunson	X	X	X
2.	Presque Isle	Not represented			
3.	Barry	R. B. Harkness	x	x	
4.	Bay-Arenac-	R. B. Harkness R. C. Perkins	x	×	×
40	Iosco-Gladwin		-		_
5.	Berrien	W. C. Ellet	x	x	x
6.	Branch	R. L. Wade	x	×	×
7.	Calhoun	Harvey Hansen A. T. Hafford K. C. Pierce	x	x	x
		A. T. Hafford	x	×	×
8.	Cass	K. C. Pierce	×	×	
9.	Clinton	G. H. Frace	x	x	x
10.	Chippewa-				
11.	Mackinac Delta-School-	W. F. Mertaugh	x	x	
	craft	Wm. LeMire	x	×	×
12.	Dickinson-Iron	E. M. Libby Paul Engle	x	×	
13.	Eaton	Paul Engle	x	×	x
14.	Genesee	F. E. Reeder	x	×	x
		Robert Scott	x	x	x
		D. R. Brasie	×	x	×
15.	Gogebic	Not represented			
16.	Grand Traverse-	C. E. Lemen			
	Leelanau-Benzie	C. E. Lemen	×	x	x
17.	Gratiot-Isabella-	Myron G. Becker	×	x	x
18.	Clare Hillsdale	Luther Day	x	x	X
19.	Houghton-	Buther Day		-	
19.	Keweenaw-				
	Baraga	Alfred LaBine	x	x	x
20.	Huron-Sanilac	C. W. Oakes	x	×	x
21.	Ingham	C. F. DeVries	x	x	x
al.	Inguani	C. W. Oakes C. F. DeVries H. W. Wiley W. H. Welch	×	x	x
		W. H. Welch	x	x	×
22.	Ionia-Montcalm	R. R. Whitten	x	x	
23.	Jackson	P. A. Riley	x	x	x
	3	J. J. O'Meara	x	x	x
24.	Kalamazoo	J. J. O'Meara Fred M. Doyle	x	x	x
		I W Brown	x	x	x
25.	Kent	C. F. Snapp	x	×	x
		A. V. Wenger	×	x	
		P. W. Kniskern W. R. Torgerson	x	×	x
		W. R. Torgerson	x	×	×
0.0		G. H. Southwick	* X	×	x
26.		H. M. Best	x	x	x
27.	Lenawee	A. W. Chase	x	×	x
28. 29.	Livingston	H. G. Huntington Henry E. Perry D. Bruce Wiley	x	×	x
30.	Luce	Henry E. Perry	x	×	x
31.	Macomb	D. Bruce Wiley	x	x	×
32.	Manistee	E. A. Oakes V. Vandeventer	x	×	x
33.	Marquette-Alger Mason	H. B. Hoffman	x	×	×
34.		G. H. Yeo	x	×	x
35.	Mecosta-Osce- ola-Lake		x	x	x
36.	Menominee Monroe	H. T. Sethney	x	x	×
37.	Midland	D. C. Denman	x	x	x
38.	Muskegon	E. H. Meisel E. O. Foss	x	x	
	asveRou	E. N. D'Alcorn	x	×	
		E. IV. D'AICOIN	x	×	

	COUNTY	DELEGATE		ession	
	••		1st	2nd	3rd
39. 40.	Newaygo Northern Mich-	O. D. Stryker	x	x	x
	igan (Antrim-	117 77 37			
	Cheboygan-Em-	W. H. Mast	x		
	met-Charlevoix)	F. C. Mayne		x	
41.	Oakland	Aaron Riker	x	x	x
		Richard Olsen	x	x	×
	•	Otto O. Beck Merle G. Wood	x	x	×
42.	Oceana	Merle G. Wood	x	x	
43.	O.M.C.O.R.O.	C. R. Keyport	x	x	
44.	Ontonagon	Wm. F. Strong			×
45.	Ottawa	A. E. Stickley	x	x	×
46.	Saginaw	C. E. Toshach	x	x	×
		W. K. Anderson A. L. Callery	×	x	x
47.	St. Clair	A. L. Callery	×	x	×
48.	Shiawassee	A. L. Arnold R. A. Springer T. E. Hoffman	x	x	x
49.	St. Joseph	R. A. Springer	×	x	x
50.	Tuscola	T. E. Hoffman	×	x	
51.	van buren	Wm. R. Young	x	x	x
52.	Washtenaw	John A. Wessinger	x	x	×
		Dean W. Myers	×	x	x
		L. J. Johnson	ix	x	-
53.	Wayne	L. J. Johnson R. H. Pino	×	x	x
		J. M. Robb W. D. Barrett	x	x	x
		W. D. Barrett	×	×	
		R. L. Novv	x	x	×
		T. K. Gruber	x	x	x
		E. D. Spaulding	x	x	x
		C. E. Umphrey	x	x	x
		R. M. McKean	×		x
		Douglas Donald	x	x	^
		G. C. Penberthy	x	x	x
		G. C. Penberthy A. E. Catherwood	×	x	
		W. B. Cooksey G. S. Bates	×	x	x
		G. S. Bates	x	x	x
		I. I Hirechman	x	x	x
		Wm I Stanleton	x	x	x
		H. F. Dibble	x	×	×
		H W Plaggemeyer	x	x	
		Wm. J. Stapleton H. F. Dibble H. W. Plaggemeyer R. C. Jamieson	×	×	x
		A. P. Biddle	×		x
		C. F. Brunk	x	×	×
		P. L. Ledwidge	x	×	X
		C. E. Dutchess	x	x	×
		Allan McDonald	X	x	x
		L. J. Bailey		×	x
		L. J. Bailey L. W. Shaffer	x	x	x
		C. Fremont Vale	x	x	x
		C. Fremont vale	x	x	
		C. K. Hasley	x	x	×
		L. T. Henderson	x	×	x
		J. A. Kasper H. J. Kullman	x	x	×
		F. D. Wilman	×	x	
		E. R. Witwer	x	×	x
		Wm. P. Woodworth S. E. Gould	×	x	x
		S. E. Gould	x	x	x
		G. L. McClellan Wm. S. Reveno	X	x	×
		wm. S. Reveno	x	x	x
54.	Wexford-Kal-	C. K. Valade	x	x	x
34.		W In Could			

THE SPEAKER: Your Reference Committees are in the Handbook. There are a few changes: Dr. Snapp was appointed to the Reference Committee on Reports of Standing Committees in place of Dr. Spinks; the Committee on Officers' Reports will be headed by Dr. Catherwood. Your place of meeting will be announced before the session is over.

54. Wexford-Kal-kaska-Missaukee W. Joe Smith

Dr. M. H. Hoffmann of Wayne County, Vice Speaker, took the Chair.

THE VICE SPEAKER: The next order of business is The Speaker's Address.

I. Speaker's Address

THE SPEAKER: I promised the Executive Committee about a month ago, in view of our long program, that I would forego the pleasure of talking to you for a half hour or so and turn the time over to the interests of this new group medical care plan. However, I want to take this opportunity to extend a hearty welcome to all who have come to this session. This is our who have come to this session. This is our seventy-fourth meeting and I think it will be the

greatest meeting of all seventy-four.

We have an excellent scientific program which covers the practice of medicine and surgery in all its branches, and it is to be presented by the leaders of our profession. Our technitors are here, one hundred in number. 'Our technical exhibi-They have brought their displays from many distant places. We have new books, new instruments, new equipment for office and hospital on display here, and it will afford you an excellent opportunity to take advantage of any of these things which you

might need.

Also on the business side of medicine this meeting promises to be a very interesting one. have coming up for discussion, as you know, our Michigan Medical Service plan, which was presented to you informally last evening. I trust that many of your questions have been ironed out. However, if you are still in the dark on any of that today, do not hesitate to get on your feet and ask the questions you so desire. We must handle this thing with great care, and I sincerely hope that all of our decisions will abound with

wisdom. A year ago, if you remember, we had a meeting in Detroit, and the Committee on the Distri-bution of Medical Care brought in a tremendous It took reams of paper to print it. We cancelled our golf tournament on Sunday after-noon and devoted Sunday afternoon and Sunday evening to a discussion of this report. At that meeting the House of Delegates voted to continue the study of this proposition and to report back later at a special meeting to be held some time in the winter. About the same time the A.M.A. was holding a special meeting of its House of Delegates in Chicago to consider some of the programs which we were endeavoring to undertake. They had been indicted by the Federal Government for violation of the Sherman Anti-trust Law and they had the Wagner Bill coming up in the offing. On January 8, 1939, we held a Special Meeting of our House of Delegates in Detroit and a fairly concrete report was brought in by the Committee on Distribution of Medical At that meeting the House of Delegates, after much discussion, voted to go ahead, continue the study, and to empower The Council to cooperate with other groups in the formation of a non-profit group medical care organization. Since that time our plan has been taking definite

shape and it was presented to you last evening. Today we are to discuss it and vote on it.

This has been a big year all the way through as far as the status of medicine goes. The officers of your Society have had to work harder this year than any year I know of. They have put in a lot of work and I want to take this opportunity to express my appreciation to them for the

work they have done.

Medical economics is not the only subject we have for discussion today. We have eighteen or nineteen other Standing Committees which have done a great amount of work during the year. These reports are printed in the Handbook.

Chairmen are going to be called on today to

discuss the highlights of these reports.

THE VICE SPEAKER: The Speaker's Address will THE VICE SPEAKER: The Speaker's Address will be referred to the Committee on Officers' Reports.

I will now turn the meeting back to The Speaker. Dr. Riley resumed the Chair.

THE SPEAKER: Will our hard-working President please step forth? (Applause)

II. President's Address

President Henry A. Luce presented the address

of the President. The year of 1938-39 of the Michigan State Medical Society had certain objectives designated by the society through its House of Delegates. Objectives laid out at the beginning of the year were in these recommendations:

Ist. That aid be given to the establishment of Voluntary Hospital Insurance provided it did not include the services of a Doctor of Medicine.
2nd. That detailed studies and tentative develop-

ment of a voluntary group medical care plan be consummated.

3rd. That medical relief for the governmental assistance group be developed with proper health

and administrative safeguards.

At the Special Meeting of the House of Delegates in January, 1939, the House of Delegates empowered the Council of the Michigan State Medical Society to proceed with voluntary group medi-cal care plans and to sponsor necessary legislation to that end. The general purposes of the organiza-tion, i.e., "to promote the science and art of medicine and the protection of public health and the betterment of the medical profession," have continued to be objectives along with the above specific directions.

Reports of the various committees, as presented in the handbook and as will be presented from the floor today, speak for themselves. The Council and the Executive Committee of the Council have complied with the directions given to them. Final approval or disapproval rests with you at this It is my opinion that the work laid out has been developed to a most satisfactory degree and deserves your approval and sustained sup-The credit for the work rests upon so many faithful workers that to enumerate them would resemble the roll call of the society's membership. To each and everyone my most sincere apprecia-

tion and gratitude is herewith extended.

The doctor who does not interest himself in society activities is losing half the joy of medical achievement. To have helped in the advancement of the science of medicine and to have brought that science closer to the people is a satisfaction that must be experienced to be appreciated. Some who have followed the dictum "give till it hurts" and have done so to the organizational activities of the society occasionally pause and wonder if it is worth while. They see a few members of the profession who practice medicine purely as a business, and take no interest in the broader aspect of the profession of medicine in its relation to society or the advancement of the science of medi-They are truly parasites, living off the efcine. forts of others. Happily this represents only a minority group. Of those who serve humanity minority group. in the traditional manner, I can only speak in the most eulogistic terms.

The standards of practice and the advancements of education in medical science have proceeded in a gratifying manner due to the activities and leadership of the Postgraduate Medical Education Committee. According to the report of the National Committee of Graduate Medical Education out of 24 states visited for the purpose of analysis of postgraduate educational activities, Michigan leads in most nearly approaching educational ideals. This activity is especially worthy of note at this time because it is unmatched by any country that has replaced the competitive form of medical practice by some form of socialized or federalized type of medicine

The past year being a legislative year brought great responsibility upon the legislative committee, especially upon the chairman, Dr. Harold A. Miller. As usual cults and political agencies swarmed the legislative halls in Lansing. The medical society of the State of Michigan has guarded the health of the public for many years and under the able guidance of this year's chairman, the health of our commonwealth was protected from many destructive legislative acts. The chairman and committee personnel deserve high commendation for their accomplishment. In like manner each and every committee has performed its duties and contributed towards the accomplishment of the past year. On behalf of the Society, I gratefully express appreciation.

The consideration of the "Michigan Medical Service" will occupy the major part of your attenerly when they are made above personal and faction at this meeting. Decisions are rendered propraising of standards to which the wise and honest can rally never defeats progress. Problems of medical care must be solved on a basis which not only safeguards quality of medical care but also preserves the dignity and self-respect of the people who serve and are served. It cannot be anticipated that more than 200,000 persons will be insured the first year. That is only 4% of the population. Many areas will not be included. Any plan involving 4% of the population will be only an experiment. At least three years experience will be necessary to draw any conclusions of the practical working. The principles involved appear logical. By a trial and error method of procedure can experience be obtained. Should all of our expectations be fruitless, what has been lost? Practically nothing. Sufficient safeguards have been thrown around the plan to make it acceptable to the state insurance commissioner and to the public health. The group insured is a group which ordinarily could not be expected to pay more than 50% of the value of the services rendered under the present system or through a governmental agency. Experience with governmental agencies has proved unsatisfactory to both patient and physician.

Regarding a national health program we have rather definite assurance that at least one Bill and possibly two will be ready for introduction at the next session of Congress as substitutes for the Wagner Bill. The sub-committee of the Committee on Education and Labor may prepare such a Bill. The probability that professional groups will be consulted seems doubtful in view of past experiences. Health is the most precious possession of the individual and a health citizenry the most precious possession of a nation. No one denies that the Federal government has a definite and positive role to play in a health program. Interstate Commerce needs regulation. Germs and the economic effects of sickness have never recognized state boundary lines. A sound program should be developed. A program that will need years of sustained effort. That the professional groups

should take a positive rather than a negative stand in this matter seems highly desirable. I therefore recommend that the House of Delegates of the Michigan State Medical Society convey that opinion to our national organization with the recommendation to the national organization that it assume a positive attitude and that it take steps to correlate the principles to be embodied in a Health Bill and to sponsor its introduction into Congress.

Regarding the indictment of every physician in the United States, the Attorney-General of the United States issued a statement in Washingon a short time ago to the effect that the Department of Justice has no intention of dropping the case against the American Medical Association under the indictment returned by a special grand jury several months ago. As far as I know this is the first time that the Attorney-General has come openly into this picture. He is reported as having stated that the Department of Justice will appeal to the Appellate Court and to the Supreme Court from the decision rendered by Justice Proctor. Should these measures fail, there is a possibility that an entirely new indictment will be sought. Now I will quote to you from the last issue of the Journal of the American Medical Association:

"According to announcements appearing first in the press, the United States Department of Justice has filed in the United States Supreme Court a petition for a review of the decision of Justice Proctor of the United States District Court for the District of Columbia, dismissing the indictment of the American Medical Association and three other medical organizations and certain individual physicians under the Sherman Antitrust Act. The Department seeks in this way to avoid a decision by the United States Circuit Court of Appeals for the District of Columbia, to which an appeal would ordinarily lie and to which the Department had already appealed. The Department seeks to justify this course on the ground that Justice Proctor's decision would ultimately reach the United States Supreme Court for review, no matter how the Circuit Court of Appeals might decide, and that the case would therefore be speeded and the public benefited by ignoring that court. This line of reasoning, if generally accepted, might relieve all United States Circuit Courts of Appeal of a substantial part of their present work. Moreover, if the Supreme Court refuses to entertain jurisdiction, the actual settlement of the case may be retarded. A decision in the present stage of this case by either the Supreme Court of appeals must necessarily be limited to questions of law and will not determine in any degree the truth or falsity of the charges against the American Medical Association and others, formulated in the recently dismissed indictment."

This is read to give you a firm conviction in your mind that there is no intention on the part of certain forces in this Government to proceed and proceed by any means, which is legally unfair.

I recommend that this House of Delegates reaffirm its support of the national organization and that a communication be forwarded to Headquarters stating in no uncertain terms its fealty to the principles and precepts as established by the House of Delegates of the American Medical Association. Michigan Doctors of Medicine must stand squarely back of the national organization in its efforts to prevent the socializing and Hiterlizing of the sick people of America.

Those who have had charge of the organization of what might be called the commercial side of the state meeting deserve a great deal of credit. One hundred exhibitors have welcomed the opportunity to present their products to the profession. We feel that full support and coöperation should be given them. On the other hand, the encouragement of scientific exhibits has not received the support that I feel should be given. After all, we

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are a scientific organization and encouragement should be given to all members especially interested in research and studies. I recommend that a standing committee of not more than five be appointed by the Executive Committee of the Council. Each member to serve five years except at the time of the appointment of the committee. One to be appointed for one year, one for two years, etc., in order that thereafter one may be appointed each year. This committee to be known as the committee on Scientific Exhibits and that encouragement be given to individuals as well as organiza-

tion to present scientific exhibits.

The loss by death of many members of the so-ciety has saddened our hearts. Hands we loved to grasp are not in our group today. We have seen some cut down at the height of usefulness. We honor their memory and extend sympathy to their widows and orphans. But what about the loss to their families? Doctors rarely leave adequate provision for their dependents. You are so concerned with bringing security to everybody else that you have forgotten yourselves The establishment of a have forgotten yourselves fund in the organization, developed let us say, out of a contribution of one per cent out of every physician's gross income, one cent out of every dollar you take in, is recommended. This fund to be available to the widows and orphans of the deceased members of the society. Many a man has been taken and his widow left with a boy ten or fifteen years of age, or a daughter. There could be some provision to make a loan to this individual, to give a sense of security to that widow and child of yours who may be next. The details of the administration to be worked out by a committee for that purpose. This may sound Utopian and fantastic, but it could be developed into a security for needy widows and orphans that would be a practical way of honoring the members of our or-The appointment of such a committee to study and report is recommended.

What the future holds for organized medicine depends upon its members; upon you and all other members. There is a constantly increasing interest in organizational activities by the members, but the strength of the organization is nowhere near what it should be. A great deal of the talent and power of the membership is not utilized. The day has passed in which a few leaders can assume the burden for organization responsibilities.

Social and business relationships are now, and bid fair in the future to be determined by group activities. It is an age of collective bargaining. Good public policy and duty to that public by ourselves requires a strong and stable organization.

Every politician and political organization recognizes the fertile field represented by interest in health. This field has been and will be seized upon without regard to future consequences. The guarantee of medical care is a powerful vote-getting measure. To adequately safeguard the public health, organized medicine must assume leadership and utilize its strength, not by individual effort, but as a group.

Thoughtfulness, caution and prudence without emotional flurry must guide all actions. The standards of quality of service alone are not adequately appreciated by the public. Leadership must be posi-

tive and constructive.

May calm cool judgment characterize your actions today as in the past and may the future jus-

tify your conclusions.

As the mantle of leadership falls from my shoulders, I again wish to express to each of you personally my appreciation for your kindness and

tolerance, your friendship and support. The difficulties and tribulations of the year will soon be forgotten and only the pleasant memories remain. (Applause)

THE SPEAKER: Thank you, Dr. Luce! Dr. Luce's Address will be referred to the Committee on Officers' Reports.

We will now have the Address of our Presidentelect. (Applause)

III. President-Elect's Address

Mr. President-elect Burton R. Corbus presented his address.

Mr. Speaker, Members of the House of Dele-

gates, and Officers:

By virtue of the confidence you have placed in me, I am shortly to become your president. It is a great honor to be president of the Michigan State Medical Society. It is also a great responsibility. I shall make every effort to justify your confidence.

It is said that in the accomplishments of an organization one sees the shadow of its leaders, and I take the opportunity to note that the shadow which marks this year's accomplishments is deepened by the very unusual ability of President Luce. Industrious, keen, understanding, thoroughly familiar with the current medical problems of both state and nation, this Society has profited much by his leadership and is deeply appreciative of his sacri-

fice of time and effort.

Although there is ample opportunity for leadership in the presidential office for one who has that ability, leadership in this Society is by no means vested solely in that office. It is a wise provision of the constitution which places the responsibility for carrying out the policies determined here, upon the Council, and empowers it to act with full authority and power between sessions of this House. The chairman of the Council and his executive committee carry a heavy burden, especially when emergencies arise requiring both prompt and wise decision. Qualities of true leadership are not lacking in this group. It is good leadership because it represents in finality the conclusions of many minds, and it is safe leadership because it is so truly democratic.

After a vacation of three years from active work in organized medicine, I have been impressed with the activities of the Society and the great increase of responsibility which has been forced upon your executive committee and your officers. It means loss of time, worry and hard work. This has been a particularly hard year. Your representatives have had before them the challenge of certain groups close to the administration in Washington which would like to see established a form of socialized medicine in this country. There has been the threat of legislation detrimental to the profession in our state legislature, happily averted by the activities of your Legislative Committee.

Through hours of labor the Executive Committee.

Through hours of labor the Executive Committee with the committee on the Distribution of Medical Care, struggled to work out a plan which they believed would successfully maintain those fundamental ideals which it has ever been our ambition

to meet

This House of Delegates will have presented to it the results of these many hours spent in preparation of a plan for the professional care of the low income group, which its authors believe will maintain the fine qualities of American Medicine, and at the same time, will take care of that group which, when hit by catastrophic disease, is economically overwhelmed. If this plan meets with your approval you accept the challenge of those who say that socialized medicine is the only way. We have produced, in our way, an American plan, fair to the doctor, which will insure infinitely better professional care to the patient than can be accomplished through any form of practice under bureaucratic control. Our next step will be to sell the plan to doctor and laity. It is our answer to those who would put the practice of medicine on a mass production basis—our answer to the proposed socialization of medicine.

We shall be undertaking a real task if we, with our associates, proceed with this plan for voluntary group medical care. Once established, it will work to your benefit as well as to the benefit of the man of low income. In the beginning it must be presented to the profession and to the laity in such terms as will insure their enthusiastic approval, and it will succeed just in proportion to the willingness of the doctor to coöperate and to coöperate honestly, in the carrying out of the work.

Concerned as we are with these economic problems, concerned as we may be forced to be concerned with service to the injured in a world war, we must never lose sight of the fact that we are essentially a scientific body, and that, after all, the highest ambition of our Society is to help develop a better and better professional service to the public. But I am not referring now to the distribution of medical care. I am referring to the grade of service which is to be obtained only by that improvement in quality which comes through an improvement in the ability of the physician to serve. Emphasis must continue to be placed on our postgraduate courses.

We are proud of the fact that Michigan is recognized throughout the medical nation as one of the leading, if not the leading state in its contribution to a liberal, well distributed postgraduate medical education. We are pioneers in the effort to cover the entire membership of the Society by bringing the opportunity to the doctor in his own territory. Michigan's plan for continuity of medical education, with its system of credits to the participants, a plan for which Dr. J. D. Bruce is largely responsible, a plan which includes a fine, helpful affiliation with the Postgraduate Department of the University of Michigan and Wayne University, has met with the enthusiastic approval of the profession, and is most favorably commented upon by all who are interested in that phase of medical education.

Now it seems to me that we might also concern ourselves with undergraduate education. Our happy association with the two medical schools in the furtherance of Post-Graduate Education, suggests that it would be of mutual advantage if there might be more coöperation between this Society as representing the practicing physician, and those responsible for the development of the curriculum of our medical schools. We are aware that pressure groups are constantly active in an effort to influence the school authorities to emphasize the particular phase of medical education in which the special group is interested. It is understandable that such societies as the Traumatic Surgeons, the Society for the Prevention of Cancer, the Society for the Study of Heart Diseases, and allied groups, should show this special interest. On the other hand the physician in general practice notes that the young graduate finely prepared basically, is, as a rule, illy prepared

to care for those quite ordinary, every day affairs which make up the major part of a doctor's practice.

Our state law requires a year's internship be-fore registration, but the training of an intern in many a hospital is a most haphazard sort of affair, too often dependent upon the special interest of one or two members of the staff. There needs to be devised a systematized plan for intern instruction and a centralization of responsibility. With this there should be some method devised for checking the results. These are matters of importance alike to the physician and the medical school. What preparation is essential for the making of a good doctor? I suggest that the practicing physician may have some very helpful ideas. With no thought of criticizing either the curricula or the teaching in our schools, I believe that a discussion of these and allied problems before a committee from this Society and a committee from the two medical schools, would result in a unity of thought and action which could well be a real contribution to medical education.

We have a very definite obligation to bring to the laity information in regard to the maintenance of health, the prevention of disease, and such scientific material and direction as will help them to get well when they are afflicted. This educational program should not be the least important of our objectives, not only because of its intrinsic value, but because in this way we can best reëstablish that faith in the profession which has, to some degree, been undermined by unfair criticism. We recognize that our scientific committees, the Cancer Committee, the Maternal Health Committee, the Syphilis Control Committee, the Tuberculosis Control Committee, and those with similar objectives, are doing a valiant work in bringing education to the laity and to the doctor too.

The Council will present to you a plan for the centralization of the activities of these committees. Under this plan the personnel of the Preventive Medicine Committee will consist of the chairmen of these committees. Here matters of policy may be worked out. Here plans may be developed for the mobilization of our forces in the fight against disease. Here the many scientific activities of the Society will be concentrated. The Council believes that this change in our by-laws will make possible the operation of this plan, will be advantageous, and I trust that it will be acceptable to you.

Dedicated to a profession in which the humanitarian aspect is dominant, the doctor's professional life, his days and frequently his nights, are spent in relieving the pain of the suffering, in activities directed to the prevention of disease, in a continuing effort to improve the quality of medical service. In association with other groups and the state, he would help to make living conditions easier for the average man, to bring about better living conditions, better hygiene, better health.

As I write this there is a fearful European war in progress, a war which threatens the civilizations of the world. Inevitably the thought comes to mind that the struggle by the profession for the advancement of medical science, this effort which has resulted in a lengthened life expectancy, the elimination of the most serious epidemic diseases, and has made a world at Peace a better world in which to live, has been in behalf of an unappreciative world. We will not admit that it is wasted effort, but one can not avoid the feeling of futility which possesses one for the moment.

In any event we are today faced with a situation which in its very least effect is likely to disarrange our plans for the immediate future. Those of us who served over seas in an earlier World war, look with a dread approaching horror at this world war number two. Knowing at first hand how the U. S. Army Medical Corps was handicapped by inefficient preparation, we will want to do our part in preventing a repetition of this, if so it be that we shall again become involved. God grant that this government avoids war, but whether we do or not, I anticipate calls for help, a call for doctors and nurses for Red Cross duty. I have no doubt that there will be many who will respond, I have no and I have no doubt that organized medicine will be called upon to make plans for possible even-tualities. So far as we may, the Michigan State Medical Society stands ready to respond to any and all requests having a humanitarian objective.

Mindful that this next year is likely to be a difficult one, I have full confidence that I have your support, and you may have full confidence that the exigencies, if and when they arise, will be satisfactorily met by your officers and the Council.

(Applause)

THE SPEAKER: The President-elect's Address will be referred to the Committee on Officers' Reports. We are going to defer the Annual Report of the Council until later in the forenoon.

IV. Report of Delegates to A.M.A.

(See Page 971)

V. Annual Report of The Council

(See Page 974)

VI. Reports of Standing Committees

VI-1. LEGISLATIVE COMMITTEE

We will now go to Reports of Standing Committees. Dr. Miller, will you report for the Legislative Committee?

DR. HAROLD A. MILLER: You have the printed report in detail and there are certain portions of that report that I wish to emphasize. been brought out in the meeting this morning the Wagner Bill or some type of a health bill that is. going to be proposed in this session of Congress. You know that another call has been issued for a meeting of Congress on September 21st, to consider emergency legislation.

Our recommendation is that you continue your efforts, as individual physicians and citizens, to contact your Congressmen, your Representatives in Washington, so that they shall not include in their agenda this question of health insurance.

There are so many parts of this Report that I would like to emphasize but time does not permit. want you all to know the wonderful work that Bill Burns has been doing in helping us in this legislative year. He has not only been occupied with legislative problems but he has been busy with all other problems of the Society, and I personally want to thank him for his work during the last year.

I want to read just the next to the last paragraph of the prepared Report, and I want to emphasize that:

"We have spared neither time nor effort in our legislative work, and we believe that we have gained further respect for the Michigan State Medical Society from legislators, elective officers of the State, the press and the general public."

We do feel that we have friends in our State legislative body, and it is due to your help that that change has been brought about. Personally I want to thank oh, so many individuals, our Councils and its Executive Committee, our men throughout the State, our key men, the Secretary—everyone seemingly has been very, very helpful during the

last year.

I also want to bring out just one other little disagreeable circumstance with the past legislation. I am reporting not as a Committee, but this is a personal feeling. We are still having and feeling the effects of the cults. Do not for one moment in your minds minimize their activity. Their activity has been the strongest of any organization that I have had any connection with. They will at any time put into the hands of the legislators telegrams by the bushel basketful. And, gentlemen, that means something to your legislators, to receive some type of communication from their home peo-That is a personal report only from your Chairman and is not the Report of the Committee.

Again, I want to thank you all for all your aid

during the last year. (Applause)

THE SPEAKER: Thank you, Dr. Miller! The Report of the Legislative Committee will be referred to the Reference Committee.

X. New Business

X-1. SCROLL PRESENTED TO HAROLD A. MILLER, M.D.

You have just heard the Chairman of the Leg-You have just heard the Chairman of the Legislative Committee render his verbal report, supplementary to the one printed in the Handbook. This last year has been a legislative year, and it has been a rather hard one. The medical profession came through this year in good fashion, and we wish to thank Dr. Miller for this because it was largely through his direction and the work of his Committee and the key men in our organizahis Committee and the key men in our organization that these things were accomplished.

I might mention the two laws which were enacted to enable the medical profession and the Hospital Association to put in group medical care and group hospital care; also the syphilis control laws and the medical section of the welfare law. were all difficult problems for anybody to handle and they were handled very well by our Committee. Dr. Miller was the Chairman of it. He was on the job, it seemed to me, night and day. At this time I want to present to Dr. Miller a scroll expressing the appreciation of the Michigan State Medical Society for his services. (Applause)
The Speaker presented the scroll to Dr. Miller.

Dr. MILLER: Mr. Speaker and Delegates: This means a whole lot to me. I appreciate the remembrance, which says: "To Harold Abiud Miller, M.D., for his services to the Michigan Medical Profession and the Michigan State Medical Society." It is signed by President Henry A. Luce and Secretary L. Fernald Foster.

Thank you very much for this sign of apprecia-

tion! (Applause)

THE SPEAKER: The pleasure is all ours, Dr. Miller, I would have read it myself if I could The pleasure is all ours, Dr. have pronounced that middle name.

Dr. MILLER: That shows you don't read your Rible

THE SPEAKER: Even if I did, I couldn't pronounce it.

VI-2. REPRESENTATIVES TO JOINT COMMITTEE ON HEALTH **EDUCATION**

Dr. Corbus, would you care to elaborate a little on the printed Report of the Joint Committee?

PRESIDENT-ELECT CORBUS: Mr. Speaker, it is complete as found in the Handbook.

THE SPEAKER: The Report will be referred to a Reference Committee-to Dr. Arnold's Committee. Dr. Pino, will you please come forward and give us the verbal Report of the Committee on Distri-

bution of Medical Care.

VI-3. COMMITTEE ON DISTRIBUTION OF MEDICAL CARE

Dr. RALPH H. PINO: You will note that we have reported in the Handbook matters only pertaining to the pre-payment insurance affairs-not that we have not had in mind many other important things having to do with the economics of medicine and the distribution of medical care in Michigan. was quite enough to handle but there were other problems that we have had something to do about. However, in this year of legislative procedure, it has been necessary that the Legislative Committee go ahead under the direction of The Council and the Executive Committee of the Council with many things, and there was no time for our Committee to take up and give an opinion on these matters.

But I want to invite to your attention some considerations that have a background in the interests of medical economics during the last several years and which affect vitally the attitude of the medical profession and the outcome of the affairs of the medical profession in the distribution of medical These have to do with the local administration of medical care down to the last townships of

the State.

Dr. Pino elaborated on this subject.

I want to come back to this report. The amount of material that it was necessary to provide for the Executive Committee we felt some time last May had been obtained. We were unable, as a Committee, to go into the details in any type of authoritative or studious way as men like Mr. J. D. Laux have been able to do, and so we said to the Executive Committee that it was time for us to relinquish this to someone who could guide us. was turned over and you have heard the report of what has been developed by the Executive Committee and the Council and that has been

brought to you.

Back of all of the feeling in matters of medical economics, as interested as we are and as much as we want to see every individual have as good medical care as he can, I am sure there has been that thought, that in America we do not want to see our democratic form of Government interfered with. I want to say that I know of no better example of the working of democracy from the medical standpoint or from any other standpoint than that which has been worked out in this past year through The Council and the Executive Committee of the Michigan State Medical Society. They said of the Michigan State Medical Society. months ago-in fact, two or three years ago when we would appear before them as a Committee and

bring up the subject of group medical care and various things, they would say, "What have you definitely to offer?" That would be stated time after time, and they would say, "Bring in the facts," and we would gradually bring in the facts. They would hold us responsible, and on a firm, actuarial basis they have built this plan up to what we think is nearly perfect, through the men that the profession in Michigan have elected from year to year, passing the responsibility then to Council and to the Executive Committee, and there has been set up what we believe to be a very excellent American way and it is a fine example of the democratic form of Government. And we thank And we thank you as a Committee. (Applause)

THE SPEAKER: Thank you, Dr. Pino! Dr. Pino's Report will be referred to the Reference Committee on Standing Committees' Reports. Dr. Gruber, will you discuss the Report of the Delegates to the A.M.A.?

IV. Report of Delegates to A.M.A.

Dr. Gruber: You will find on page 42 and the ensuing pages the Report of the proceedings of the House of Delegates of the American Medical Association. I should like to invite your attention to an excerpt from the report of Dr. Shoulders, the Speaker of the House of Delegates:

"The House is in session for a few hours each day for

"The House is in session for a few hours each day for not more than three days as a rule. A relatively small amount of time is available for deliberation and debate. No ready reference library is at hand. Almost every session of the House has been called on to consider and act on issues of vital importance, not only to the medical profession but to the people of this country as a whole.

Notwithstanding all these conditions, one finds in the Proceedings of the House a golden thread of consistency which runs straight through all the actions taken on all issues presented, which in any way touch the fundamental principles to which you have given allegiance. It would be natural, under the circumstances, for errors to occur and for actions taken in one session to be in conflict with those taken in another session one or many years before. Yet, this has not occurred."

I read that because in view of the action of the House of Delegates regarding the Wagner Bill, regarding other issues that are paramount at present,

the statements are very true.

I invite your attention to the paragraph on the Wagner Bill to which the answer was "No." I would recommend you read in the Journal of the American Medical Association the Report of the Reference Committee on the Wagner Bill and the reasons why they said, "No."

Another item that was brought to the attention of the House of Delegates was the matter of long distance prescribing. It was somewhat of a surprise to me that a component part of the medical profession would present a resolution that would make it ethical and legal to do long distance prescribing, particularly in the matter of radium. It has been a principle of the American Medical Association during its entire existence that a doctor should not prescribe by mail or by telephone without having seen the patient and really knowing what was wrong with the patient. It would seem to me if this principle were broken down, we would, along with the Governmental agencies, probably run a sort of mail order business where people could write in and have their troubles taken care of. I was very pleased at the House of Delegates' stand in the matter of prescribing radium and getting a prescription from the company that manufactures radium as to how to use it and the long-distance prescribing of its use.

In our report, a principle is enunciated that should govern most of the affairs of medicine. This has particular reference to medical relief through Farm Security Administration: "Many abuses have arisen, and it appeared to the House of Delegates that county societies may well be guided by their state medical society in all contracts that they may be called upon to make for any type of medical care, either relief or low-income insurance groups."

I think that probably the meeting was as important a meeting of the American Medical Association as has been had in a great many years because of the various economic considerations that

brought before it. (Applause)

THE SPEAKER: Thank you, Dr. Gruber! Dr. Gruber's Report will be referred to the Committee on Council Reports.

VI-4. CANCER COMMITTEE

Next we come to the Report of the Cancer Committee, which is referred to the Committee on Constitution and By-Laws.

VI-5. PREVENTIVE MEDICINE COMMITTEE

DR. L. O. GEIB: The Preventive Medicine Committee during the past year has held four meetings. According to the Handbook there have been three meetings, but an additional meeting has been held on

which I have a supplemental report to make. The Preventive Medicine Committee has a program, and in that program it wishes to have more emphasis placed upon the teaching of preventive medicine during the State meeting. Additional space has been given these last several years, and, as you all know, next Thursday is in the main given over to preventive medicine.

We also ask that in the regional conferences more time and effort be given to the presentation of top-ics on preventive medicine. We also feel that in the county societies more time should be given to this

subject.

We again wish to emphasize the need for more county health units. If effective methods in controlling health are to be had, this will be most easily obtained through the county health unit where we have one individual with whom to deal, one unit with which to deal, rather than a great many as we do

now in some counties.

Another matter which I feel important which was taken up in the Preventive Medicine Committee meetings is with regard to football injuries. This time of the year our high school students are playing football and this Committee felt the supervision was insufficient. Therefore it is recommended that was insufficient. Therefore it is recommended that more definite blanks for physical examinations be adopted, that an x-ray of the chest of all athletes be a routine measure (I feel that is rather important because the percentage of tuberculosis in high school students and especially among athletes is rather high), and also that a doctor of medicine or senior medical student be present at all games. There is also used in some states a health and hospital insurance for athletes. It is believed that if athletes were provided with some kind of insurance, the companies would demand adequate medical examinations, and we believe there should be more medical examinations of these students.

A new project was initiated this year, and that is to find typhoid carriers. There are 3,000 typhoid car-riers in the state, and with the State Health Department the Preventive Medicine Committee has approved a letter requesting support from County Medical Societies, to be followed by an agreement on the part of individual physicians to forward to the State Department of Health specimens and other relevant data concerning any suspected carrier.

It has been the intent of this Committee to make contacts with as many interested groups as possible. such as the Tuberculosis Association, the State Health Department, the University of Michigan, the Foundations, and all groups interested in health. We have invited them to our meetings and we have had the benefit of their views. We know that they have been helpful to us and we hope that we have been helpful to them.

The Supplemental Report, which is not in the

Handbook, is as follows:

A meeting of the Preventive Medicine Committee was held on Wednesday, Aug. 2, 1939, at the Statler Hotel. Detroit. Michigan. The following recommendations were made to the Council.

1. Public Relations Counsel. The advisability of making adequate provisions for a public relations counsel, publicity or press man as assistant to Exec-

utive Secretary Burns.

We felt we should have someone who could take the message of preventive medicine, of health, to the newspapers, and give us sufficient newspaper space so that the public at all times should be made aware of the advances made in medicine.

2. Poliomyelitis Consultation Service. It was proposed that a "Commission on Infantile Paralysis" be formed to include the Michigan State Medical Society, the Kellogg Fund, the Childrens' Fund of Michigan, the State Health Department and other interested groups and that the Michigan State Medical Society contribute the sum of \$1,000.

3. Postgraduate Instruction in Poliomyelitis.

(a) That through the chairman of the Postgraduate Medical Education Committee of the M.S.M.S. Dr. J. D. Bruce, a demonstration clinic be arranged immediately and that a team be sent out to the affected areas.

(b) That the A.M.A. brochure entitled "Poliomyelitis" be mailed to all members of its Poliomyebe mailed to all members of the Michigan Medical Society outside Wayne County State Medical Society outside Wayne County (Wayne County will be supplied by the Detroit Board of Health) with a letter containing details concerning diagnostic services as outlined by the Preventive Medicine Committee.

THE SPEAKER: Thank you, Dr. Geib! Dr. Geib's Report will be referred to the Committee on Resolutions.

There are two subcommittees under the Preventive Medicine Committee. One is the Syphilis Control Committee. Dr. Shaffer, do you care to add anything to what has been printed?

Dr. Loren W. Shaffer, of Wayne, presented his

prepared Supplementary Report:

An additional joint meeting with the Michigan Junior Chamber of Commerce was held on September 14, 1939, at the Hotel Olds, Lansing, Michigan. I desire to bring two resolutions to your attention as passed at this meeting:

Resolution I: Dr. Holmes moved that the Chairman of the Committee on Syphilis Control prepare a supplementary report of this Committee to be read on the floor of the House of Delegates, requesting from the Delegates the cooperation of the various county societies with the Junior Chamber of Commerce in their respective localities in this anti-syphilitic program. Seconded by Dr. Roehm. Carried unanimously.

Resolution II: Dr. Breaky moved that a letter be sent through the office of the Executive Secretary of the Michigan State Medical Society to all component county society units urging the appointment in each individual society of a committee or representative for syphilis and gonorrhea control in order that events of the State Committee may be closely integrated and accomplishment may be a means of

I would also like to present the following material to you, as Delegates of the Michigan State Medical Society, emphasizing the urgency of interest and support in our syphilis control program.

The need to reduce the serious inroads by syphilis on the health of our citizens is generally recognized and heartily approved by our medical profession. It is likewise recognized that its incidence could be very rapidly reduced by effective control measures now available. The only question subject to argument is the method to be employed. The medical profession objects to the ever-increasing pressure to make the management of genito-infectious diseases the function of the state and set up facilities for its management entirely out of their hands at state expense. We object to the pauperizing of our citizens and the use of these diseases as another entering wedge to force the socialization of medical care. We believe that the practicing physician is an indispensable cog in such a control program, and that his interest should be encouraged. It is our aim to do this in Michigan. We have a wonderful opportunity to show the nation that such a program can be successful and have a greater permanency than the free clinic plan, so widely accepted in other states. To be successful, however, we must have the enthusiastic coöperation of the medical profession. We must appreciate the seriousness of the problem, and overcome the apathy shown by the majority of our profession. If we insist on pursuing a stand-pat policy, the socialization of genito-infectious diseases will most certainly be forced upon us. The solution lies in our own hands, if we will meet it.

I would personally like to request, at this point, that provisions be included to cover the cost of treatment for venereal diseases in our proposed health insurance program. Late syphilis might be excluded temporarily. Acute cases of both syphilis and gonorrhea are an urgent public health as well as medical problem. The minimum amount of treatment recognized as controlling early syphilis (20 arsenical-20 heavy metal) costing \$80 under schedule, and gonorrhea should be approved. If it is not, another step is taken to designate venereal diseases as purely a problem of the state and take such cases out of the hands of the private practitioner. An insurance commissioner with the lay attitude may think these diseases are a punishment for sin, but we cannot if they are to remain a problem of private medicine.

Our work has just begun. The most difficult part of our program is still ahead. The details of our "find and treat" program must still be brought to the attention and sold to our medical profession. We plan to continue our efforts at further, even more intensive, educational programs to both the laity and the medical profession. We have requested that each of our larger county medical societies have a syphilis control committee and that the smaller units appoint a representative. The chairman or representative of such societies should be invited to meet with our state committee to review the general syphilis control program at the time of our Annual Meeting.

Our professional education talks should stress the importance of prompt and proven laboratory diagnosis of early syphilis. They should urge the necessity of source and contact findings of all such early cases and the necessity of holding them to, at least, the minimum modern standards of treatment.

More aid is urgently needed by both our local and State Health Departments in assisting with source

and contact finding and returning of lapsed early cases to further treatment,

It is further requested that a full-time field secretary be appointed to our committee to develop and coördinate our county programs and educational efforts. It is requested that this appointee represent the Michigan State Medical Society in such efforts and salary be paid jointly by our Society and the Michigan State Health Department, similar to like positions with the Maternal Welfare and Cancer Programs.

Dr. Shaffer: We have had a very active year. We have still many problems to be solved. I also wish to express my appreciation to the members of our Committee, who have worked, as I am sure you can appreciate from the report of the numerous meetings we have had, very hard, very religiously. They have given up their time without question in regard to our activities, particularly the legislation with regard to syphilis control that went into effect this last year. I also appreciate the interest that is being shown by the general medical profession. I only ask for increased interest. Thank you!

THE SPEAKER: Thank you, Dr. Shaffer! Dr. Shaffer's report is referred to the Committee on Resolutions, along with the Report of the Advisory Committee on Tuberculosis Control.

VI-6. POSTGRADUATE MEDICAL EDUCATION COMMITTEE

DR. H. H. CUMMINGS: Chairman J. D. Bruce will be here later in the week and he asked me to call your attention to just a few changes in the Annual Report of the Advisory Committee on Postgraduate

When Dr. Bruce started this work nearly thirteen years ago, five per cent of the doctors of the State were taking some postgraduate work during their professional career. Within twelve years in Michigan over fifty per cent of our doctors are taking postgraduate educational work every year, and over sixty-five per cent of the doctors belonging to the Michigan State Medical Society are taking some postgraduate work every year.

The Speaker of the postgraduate program at the

Cleveland Ob. and Gyn. Congress said that in the United States there are two men who know something about postgraduate medical education: one is Dr. O'Brien of St. Paul, and the other is Dr. James D. Bruce. So I think here in Michigan we have been most fortunate in having a man who has developed a plan of this kind.

A letter has come from Port Huron and Mt. Clemens asking for a new extramural center. I will ask you to keep in mind this fact, that there must be enough interest in that territory and enough doctors anxious to get this work to make it worth while to spend the money and devote the effort in that territory. It will cost between \$300 and \$400 to set up this center in this region. If enough of the doctors are interested, Dr. Bruce may recommend it. Some of you know that Wayne County is planning

or has planned a very extensive postgraduate medical program for its territory. Dr. Bruce is delighted with this movement and he hopes to see it spread to other centers in the State where there are men available as teachers, clinical material, hospitals, a large number of general practitioners who want the work. Dr. Bruce does believe, however, that centralized direction should lie in one place. The actual operation and carrying on of the educational work might very well be spread to a number of centers, such as Grand Rapids, Detroit, Bay City, Saginaw, Lansing, Jackson and perhaps some of the other places.

It is interesting that this whole thing is growing

rapidly and the members of the Committee want to thank the Officers of the Society and most of all the doctors who have shown an interest in this matter of preparing themselves to give their patients better service. (Applause)

THE SPEAKER: Dr. Cummings' Report will be referred to the Committee on Constitution and By-

Next we will have the Report of the Public Relations Committee.

VI-7. PUBLIC RELATIONS COMMITTEE

Dr. L. Fernald Foster: The Report of the Public Relations Committee is practically complete in the Handbook. It is shorter than has been the case in previous years, due to the fact that in the past year the major activity of a public relations character has been that of legislation, and obviously its work has been expedited by having it done directly by the Legislative Committee and the executive office. The Committee, however, expects that with the institution of the Medical Service Plan the public relations activity will be greatly increased.

THE SPEAKER: Dr. Foster's report will be referred to the Reference Committee.

Inasmuch as Dr. Porter could not be here to give the Report on the Ethics Committee, Dr. Breakey will give this report.

VI-8. ETHICS COMMITTEE

Dr. Robert S. Breakey: The Report of the Ethics Committee says there were no causes for a meeting. Subsequent to the submission of these reports for publication there were two rather interesting matters that were called to the attention of the Ethics Committee, and each member was requested to submit an opinion to the Chairman in writing. The substance of these opinions in the two particular cases was then drawn as a Committee opinion of the whole and submitted to the Executive Committee of the Council for guidance or action. We did not feel that it was necessary to bring these cases to the House of Delegates in detail. Certainly the material is available to any of you through the Executive Committee of the Council. We merely want you to know that we have not been inactive but nothing has particularly come to our attention until the last two months. The matters have been taken under advisement and are well handled through the Council.

THE SPEAKER: The Report of the Ethics Committee will be referred to the Committee on Constitution and By-Laws.

I want to make an announcement: that anyone who wishes to appear before these Reference Committees and discuss any of these reports is welcome.

That covers all of our morning schedule of work except the Council Report, which contains the Michigan Medical Service Plan, and we will take that up next. But before we do that, I think it would be just as well to have a short recess.

Recess

THE SPEAKER: Dr. McKean will be the Chairman of the Committee on Resolutions and Dr. Woodworth will be added to that Committee.

I will now call on Dr. Urmston, the Chairman of the Council, to give the Supplemental Council Report.

V. Annual Report of The Council

Dr. P. R. Urmston: I am submitting to you the Supplemental Report of the Council. The main report is printed in the Handbook.

Mr. Speaker and Members of the House of Delegates: The Annual Report of The Council for the year 1938-39 appears in the Delegates' Handbook, beginning at page 31. As this report was written in July (in order that it might appear in your Handbook), we respectfully submit additional information on matters which have been considered by The Council and its Executive Committee during the past two months, and also a few recommendations.

Our membership-the greatest in the history of the Michigan State Medical Society-stands today at 4.327. While The Council is gratified at the great increase in its active membership during the past three years, it recognizes that an important segment of our profession is being overlooked so far as membership in the State Medical Society is concerned. We refer to the internes and residents in our hospi-A special junior membership might well be provided for these physicians; a small fee merely to cover the annual costs of mailing THE JOURNAL and other M.S.M.S. releases could be charged. Such a membership would stimulate our younger physicians to maintain their association with their county and state medical societies by transferring to active membership upon their entrance into practice.

Michigan Medical Service. Brief mention is made on page 39 of the Handbook concerning the development of a plan of voluntary group medical care. As Chairman of The Council, it was my duty to see that all members contributed their best efforts toward the speedy completion of the formidable task of preparing the details of the medical service plan in accordance with the instructions of the House of Delegates. As Dr. Pino said, his Committee worked as far as it could and then turned it over to the Executive Committee for further development. At that time we agreed with him that his Committee had gone as far as it could and then the Executive Committee went as far as it could without a man who was versed in all of the subjects of economics and sociology to formulate the details of the plan such as we presented to you yesterday. At this time I want to thank Dr. Pino and his committee. I wish to take this opportunity to thank all members of The Council, and especially the Executive Committee of The Council, for their devotion to the tasks assigned. Without their loyalty and fine spirit of cooperation, plus their costly sacrifice of hours of time attending weekly meetings, especially during the hot summer months, we could not have made the rapid progress which now permits The Council to present in full a carefully developed medical service plan entitled "Michigan Medical Service."

You will recall that on January 8, 1939, you authorized The Council to levy an assessment of \$5.00 on every member of the Michigan State Medical Society for the year 1939 (page 161 of February, 1939 JOURNAL). The Council has appreciated your confidence, and is happy to state that matters were so well arranged by its Finance Committee that no direct assessment was required.

During the past week, the details of our plan were presented to the Delegates by the Councilors of their Districts. At this time, Mr. Speaker, I wish to inquire if you desire us again to present to the Delegates the entire report and detail of Michigan Medical Service?

The Council is grateful for the extraordinary cooperation it has received from all members of the Society during the past year, one of the most fateful years in our history. In every one of our activities, which as you know have increased and multiplied, the aim of your Council has been not only to protect but to promote the interests of all of its members, realizing that the status of Medicine and Health in this State will improve in direct proportion to the satisfactory position of those who serve the public in medical matters.

Recommendations:

1. That the House of Delegates urge every county medical society to hold a symposium on the State Society's group medical care plan, and authorize the immediate and vigorous inauguration of the program as approved by the M.S.M.S. House of Delegates, to the end that "Michigan Medical Service" shall ful-

fill its humanitarian mission.

2. That the House of Delegates urge every county medical society to take immediate action for the creation of a county or district social welfare department, with a Doctor of Medicine in charge, and an advisory committee composed of one M.D., one D.D.S., and one pharmacist, as per Section 55-k of Act No. 280 of 1939, the new Welfare Reorganization Law. We had hoped this morning to have present members of the Committee, but Dr. Christian said their sessions would last today and we hoped to get this report tomorrow. At some later meeting perhaps Dr. Christian can elaborate on the reorganization of the welfare law.

3. That the House of Delegates give favorable consideration to the creation of a junior membership in the State Society to permit internes and residents to become associated with their county and state

medical societies as soon as possible.

4. That the House of Delegates favorably consider the recommendations re changes in the Bylaws covering our medico-legal work, to be made by the Special Committee on Medico-Legal Activities

(Drs. Holmes, Andrews, Moore).

5. That the House of Delegates urge county medical societies and individual physicians to maintain contacts with U. S. Senators and Congressmen to defeat (a) the regimentation of our patients; (b) the socialization of the practice of medicine, and (c) the expenditure of huge sums of Federal money for impractical schemes associated with health service.

6. That the House of Delegates reaffirm its authorization to The Council to levy a capital assessment or assessments, not to exceed a total of five dollars, as seems justified in their considered opinion.

7. That the By-laws be changed in Chapter 6, Sections 6 and 7, so that the Preventive Medicine Committee be composed of the Chairmen of the Committees on Tuberculosis, Syphilis Control, Heart, Occupational Diseases, Cancer, etc., the State Health Commissioner, the Chairman of the Joint Committee on Health Education, and the Chairman of the Postgraduate Medical Education Committee, with the Chairman of the Preventive Medicine Committee being appointed by the President; and that all committees dealing with Preventive Medicine be considered as advisory committees to the Preventive Medicine Committee, which alone of the above-mentioned committees shall remain a standing committee of the State Society. This setup will make for more efficiency and economy.

I am going to call on Dr. Foster to elaborate on that a little bit. Dr. Corbus has mentioned it in his report.

Dr. Foster: The setup as proposed in an amendment to the By-laws, which will be presented later, is in line with a streamlining program in regard to committees with a view to greater efficiency and a correlation of the activities of those committees whose work is concerned with health. As you know, our State setup is divided into two groups of committees: those which have to do with the socioeconomic phases of our activity, and those which have to do with its scientific side. In our present

setup there is only one Standing Committee in health, and that is the Cancer Committee. Still we have a Syphilis Control Committee, a Mental Hygiene Committee and a Maternal Health Committee, but none of those is now designated as a Standing Committee. So as not to make the organization setup of the State Society unwieldy, it is proposed that the Chairman of the Preventive Medicine Committee be appointed by the President and that this Committee be composed of the Chairmen of all of these health committees which shall be listed in the Bylaws, thereby establishing their permanence, which, I believe, is important to each Committee. They are rather jealous of their work and want a certain degree of permanence. So in the resolution it says, The following Committee and such other Committees as from time to time may be appointed to study and analyze and develop projects along the lines of certain illnesses." Then in order to further develop Then in order to further develop the streamlining, there has been included the Chairmen of the Postgraduate Medical Education Committee, of the Joint Committee on Health Education, of the Radio Committee which has to do with the publicity of these activities, and the State Health

It is simply a question of simplifying the organization, making for greater efficiency and coördination, maintaining the permanence of these Committees as Advisory to our Standing Committee on Preventive Medicine. In this way they will be listed and their permanence established. It is in line with a general streamlining tendency adopted by other medical societies in the country that are up and coming.

Dr. URMSTON:

8. That no more Sections be created in the Society, but that the work of special groups be done by the more efficient and less cumbersome method of creating additional committees of the M.S.M.S. All allied medical groups should be encouraged to hold their annual sessions at the same place and coincident with the annual meeting of the M.S.M.S., either directly before or after the scientific program of the M.S.M.S. This closer association will result in better coördination of medical work and service in all its branches.

I am again going to call on Dr. Foster to explain why no more sections be created in the Society.

Dr. Foster: Since the adoption of the policy three years ago of having general sessions, it being considered that the State Medical Meeting is essentially designed for the benefit of the general practitioner who makes up the great majority of our membership, and in view of the fact that the specialists, if they want postgraduate training, don't come to the State Medical Society primarily for that (they go to their special national organizations), and since the sections have been simply concerned with the development of the scientific program each year-and I might incidentally say there are now on file some five requests this year for additional sections which will make unwieldy and burdensome the organiza-tional setup of the State Society—it was felt that the need for the sections is becoming less rather than greater. It is also very evident from conversation with these various sectional groups that what they really want is some definite representation in the organizational setup. The Council has felt that that can be had equally well by the establishment of Committees rather than an official setup by the Constitution of more and more sections.

MICHIGAN MEDICAL SERVICE

DR. URMSTON: Now, we shall revert to Michigan Medical Service. I have one particular report I would like to read before I ask the Speaker to

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throw the meeting open for discussion, and that is in reference to the ten principles laid down by the A.M.A. at the meeting in Cleveland when we presented our plan a number of years ago.

Particular attention is called to the fact that the suggested medical service plan fulfills the requirement of the ten principles recognized as fundamental for a sound medical service plan by the American Medical Association:

All features of the medical service plan will be under the control of the medical profession.

Second: No third party will come between the patient and his physician. The physician-patient relationship will remain the responsibility of the individual physician and patient.

Third: Subscribers will have free choice of a legally qualified doctor of medicine.

Fourth: The method of giving service will retain a permanent, confidential, "Family physician" lationship between the physician and the patient. Medical service is considered separately from hospital service.

Sixth: The cost of the payments for medical services will be borne by the patient in accordance with his income status.

Seventh: There is no connection between the medical service and benefits for the patient.

Eighth: All legally qualified doctors of medicine who wish to give services under the conditions established will be included.

Ninth: The group to be served will be below "comfort level" standard of income.

Tenth: There will be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession.

Now, Mr. Speaker, do you wish the Medical Service plan to be presented to you again as we presented it to the informal meeting last night, or do you wish to ask questions and have them answered?

THE SPEAKER: How many Delegates here today were not here last evening? Will you please stand? About ten Delegates arose.

THE SPEAKER: This Michigan Medical Service was presented last evening by five or six Councilors in an informal way. They didn't read it verbatim. We have two or three courses left open to us. can present it and read it verbatim, which will take about one hour and forty-five minutes; or we can have these six Councilors re-enact what they did last evening, which will probably take just as long; or, inasmuch as most all of you have had copies of it, we can let you get up and discuss it and ask questions about it, whichever you choose to do. Has anybody got any ideas on that?

DR. J. M. ROBB: It would seem that after last night's performance for a number of hours that we should have fairly clearly established in our minds the way we feel about this, which might be aided by questioning now. Personally I wouldn't want a rehearsal of the whole program as outlined last night, and therefore I would be in favor of the last proposal, and that is simply the matter of questioning the points that have come into your minds relative to this program.

THE SPEAKER: Has anybody else any ideas on this subject?

DR. E. D. SPALDING: In order that this may not be a heterogeneous discussion, I think it would be well if the subject be discussed in sections so that we can keep our mind on one suggestion and not go all over the whole thing. I think that would be advisable.

THE SPEAKER: You mean each section should be discussed now?

Take the sections up separately DR. SPALDING: rather than open the whole matter for discussion. THE SPEAKER: I think that is a good idea. Take one section at a time and then whatever discussion there may be on that from the floor.

DR. URMSTON: We will start in on the "Outline." We are ready for Question No. 1 on Item No. 1, which is the Outline giving the organization and administration as presented by Dr. Foster last night. If you would like, we can have Dr. Foster go over the highlights again. For those members who were not present, we had a real team last night to explain each outline, and then I asked you to present written questions so that they would be presented to the Committee or presented here this morning relative to any particular point. We have the answers, so we are ready for your questions.

Are there any questions on Outline No. 1, Item

No. 1?

The next Item is No. 2, Constitution and By-Laws.

DR. DONALD BRASIE: I have one inquiry on Article X—Participation of Physicians, next to the last paragraph, page 7, Section 3:

"The registration application shall specify the obligation of the doctor of medicine to render such medical services as he may be called on to render for subscribers of Michigan Medical Service or their dependents under the terms of the subscriber's Medical Service Certificate unless for good cause he is unable to do so."

As I read this, it seems to me that it applies back to the fact that if called by a subscriber, he must

". . . but this shall not prevent suspension from further services by the Board of Directors after notice and hearing for good cause shown."

Does this force the physician to answer the call? MR. LAUX: Dr. Brasie, I don't feel that it does. The registration application which the physician will sign simply indicates his willingness to participate under the arrangements for Michigan Medical Service. His obligation is the same as now. To render the services and to abide by the By-Laws and medical service provisions, doesn't make it mandatory for the physician to give his services any more than it is now mandatory for him to accept a patient. If he now declines the patient, he may continue to do so. It also specifies, "unless for good cause," and if his cause is a good one there will be no question. The provision is intended to cover the circumstance where a physician will commence services and later refuse to provide services for the patient. By that I mean that the subscriber, once service is commenced, is, of course, entitled to have the service continue the same as now. There is more or less a moral obligation to continue the service once it is commenced but not otherwise.

THE SPEAKER: Does that answer your question? Yes. DR. BRASIE:

THE SPEAKER: Has anybody else a question on

THE SPEAKER. This anybody else a question on the Constitution and By-Laws?

DR L J. JOHNSON: On page 6, under Article IX, the 2nd Section, it seems that the contract which is entered into between the subscriber and the Medical Service does not create any liability on the part of the corporation. I wonder if that is legal?

MR. LAUX: The Enabling Act specifies that the liability for malpractice shall remain with the individual physician. It is definitely a provision of the Enabling Act and therefore the provision as specified in the Constitution and By-Laws would

THE SPEAKER: Are there any further questions

on Item No. 2? Item No. 3 is relative to the Administration Chart setup.

Item No. 4.

DR. WM. S. REVENO: As to the income, which is the basis for the contract entered into between the Medical Service and the subscriber, I feel that some mention should be made in this contract form that the insured receives which would specify the income limit, which constitutes the basis for the

agreement. The income limit was not placed Mr. Laux: in the contract for the reason that there is objection to stigmatizing the plan as a "poor man's plan" or as to revealing the income limits of the group to be included. That will be the administrative regulation. It may be desirable to place in the application of the subscriber the statement that his income is below the amounts indicated, and if his income exceeds that amount the certificate will be terminated. It was left as is for the reasons mentioned, the labor groups objection to having these plans indicated as income-limited plans; but the administrative regulations will insist on the income require-

DR. URMSTON: Are there any further questions

on Item No. 4?

Dr. E. D. Spalding: It seems to me rather essential that some attention be given the medical profession as well as avoiding stigmatizing some other groups of society, and if it is not specifically understood, maybe not on the face of the policy but certainly in the application, that such arrangements are made on the distinct understanding that this applies to salaries of only so much, it seems to me the whole thing is going by the board. wise, any Tom, Dick or Harry can say, "If Tom Dick or Harry can get this for so much, so can I." It seems to me that should be incorporated as the very essence of the thing itself.

MR. LAUX: That is the firm intention of The

Council.

DR. SPALDING: I would like to see it in writing.
MR. LAUX: That can be done.
DR. ROY C. PERKINS: I think Dr. Spaulding's point is well taken and such a statement should be incorporated in Item 4A.

MR. LAUX: I suggest that you present that to the Committee. It will be a good inclusion in Item 4A as a statement from the subscriber in regard to his income.

Dr. L. J. HIRSCHMAN: I would like to inquire whether under that same Section, it would not be better, where the amount of medical services is given—the amounts of \$375.00 in (a) and \$550.00 in (b)—to insert the words, "Not to exceed certain amounts." Here is an implication that they must receive the amount of \$375.00 or \$550.00. Would it not be better to indicate that as a maximum amount of services to be received by an individual in one year, perhaps say "an amount not to exceed (a) \$375.00, and (b) not to exceed \$550.00

MR. LAUX: Dr. Hirschman, you are speaking of the Medical Service Certificate, Item 4?

Dr. Hirschman: On page 2 of Item 4, where it says, "Medical services in the following amounts may be received under this Certificate." Where it says, "may be received," I believe it would be better to say, "amounts not to exceed \$375.00, not to exceed \$550.00, not to exceed \$875.00."

Mr. Laux: The only question is the negative position which such phraseology takes. It was phrased originally in that manner but it was felt that in-stead of putting it negatively, "you shall not exceed," it would be better to say it positively, that

you would give up to the amount indicated. That so the only point. It was originally the way you suggested, but it was felt, in presenting the plan, it would be better to say "services up to a certain amount" rather than to say "you shall not exceed the amount." It means the same thing.

Dr. Hirschman: The phraseology doesn't state

up to a certain amount.

MR. LAUX: "Up to the amount" would be a good addition.

DR. URMSTON: That would be a repetition of what is in the other clauses but should be emphasized here.

Is there anything else?

DR. T. K. GRUBER: Last night, Dr. Woodworth brought up the question of, as he termed it, the chiselers, and the answer was given that provision was made for their suspension. On page 7, under Article X, Section 3, the 2nd paragraph, in the last two lines, the only thing that is said about suspension is, "but this shall not prevent suspension from further services by the Board of Directors after notice and hearing for good cause shown." the only thing that is said about suspen-

That has reference to the doctor who doesn't go to take care of his work. I see nothing in the way of teeth in this for the Board of Directors to haul doctors before this Board of Directors and say, "You have taken out too many appendices, you have done too many hernias, you have done too many this and that, and we are not going to allow you to continue under this plan." It seems that might well be written in there. only thing that is said about suspension is in this paragraph, and that is only suspending the doctors who don't go and do their work. There is nothing about the ones who overdo their work. That is the thing that will wreck the plan, the overzealous bringing of patients under the provisions of this contract. Was that your question last night, Dr. Woodworth?

DR. WILLIAM P. WOODWORTH: Yes, I think that

is about the sense of it.

Dr. Gruber: Have you found anything to an-

swer your question?

Dr. Woodworth: Not to answer what you are talking about. There has been nothing in there, to my way of thinking, that provides for the overzealous doctors.

Dr. Gruber: I make that suggestion, that there

should be some teeth in the thing.

Dr. Woodworth: I think it is very well taken, Dr. Gruber.

DR. G. L. McCLELLAN: Under Item 2, page 4, paragraph (d), is the following:

"A Medical Advisory Committee consisting of three (3) Directors shall be elected by the Board of Directors. In accordance with the general policy and subject to the authority of the Board of Directors or its Executive Committee, the Medical Advisory Committee shall have authority to supervise arrangements with physicians concerning participation, fees, and the rendering of services according to the provisions of the medical service plan."

Does this supervising of medical services cover Dr. Gruber's suggestion?

Mr. Laux: Yes. That was the point of the discussion last evening, in reply to Dr. Wood-worth's question; namely, that such a Medical Advisory Committee would be established and a definite plan of procedure for handling the "chis-elers" would be set up. The authority for that arrangement is sufficient in the By-Laws according to advice of legal counsel both in the provision to which you have referred and also in the provision which Dr. Gruber has read pointing out that the arrangements in regard to the eligibility of the doctor to participate shall not prevent his suspension from further services by the Board of Directors after notice and hearing for good cause shown. This is sufficient to cover the case where the Board of Directors may have to prohibit a doctor from continuing to provide services under the plan.

DR. URMSTON: Let us keep up to date on the items we are discussing. You were supposed to study this thoroughly and write out your criticisms, so we will not refer back to something we have

passed over until the end.

Are there any other questions on Item No. 4? If not, we will take up Item 4A, which is the Individual Subscription Application. That is selfexplanatory.

4B is the Family Subscription Application.

Mr. Laux explained, last night, that the Insurance Department has suggested that each of these items can be placed on one page, which will make it easier for the applicant to read and understand. The next is Item 4C, the Subscription Card.

Item 5, the Group Agent Certificate.
Dr. Cooksey: In Item 5, page 3, I think it might be a good idea to insert the provision that would not permit a subscriber who receives the maximum benefits to have his policy lapse, because it seems to me just because he has completed all of his payments-after receiving the maximum benefits, that subscriber becomes the best advertising medium for such a plan. Any one who re-ceives a large benefit and keeps his policy in force would certainly be a good advertiser, but if it becomes necessary for him to allow his policy to lapse, he is not going to say much about this. So I think some provision should be put in whereby that individual may not have his policy lapse. It may be that he should become entitled only to a maximum amount of service less the amount of unpaid balance, because I see no way of compelling him legally to pay up the unpaid balance after he has received the amount of the maximum

MR. LAUX: There is, as you say, no way of putting in the certificate the requirement that the subscriber must keep his certificate in force by paying the subscription payments after he has used the total maximum allowed. However, the fear that the subscriber will cancel or decline to pay further subscriptions after he has used up the benefits is obviated by the fact that he knows that if he discontinues he will not be eligible for enrolling in succeeding years. If he will lose all of the advantage of participation in succeeding years he had best keep his certificate in force.

Dr. Cooksey: But there is a danger that he may not be in condition to continue, and certainly it is much to the advantage of the Service organization to have him continue it even if they have to subtract that amount from the maximum benefit

Mr. LAUX: You mean that having incurred an illness, he may be out of work and cannot continue his subscription?

DR. COOKSEY: Yes.

Mr. LAUX: The same problem arises in connection with the subscriber who becomes unemployed. He cannot continue his subscription and we would like to have him continue it. It is more essential that he continue it then than before, but we cannot do the impossible. We have to have a certain amount of money from the subscribers to support the plan. Such special arrangements can be made after a surplus fund has been accumulated which can be used for that very purpose, but not until

DR. L. J. BAILEY: Why would it be impossible

to provide that the service available be in proportion to the annual premium paid? If he pays monthly, he is eligible to one-twelfth of his yearly service; if he pays quarterly, he is eligible in that quarter for one-quarter of his yearly service.

MR. LAUX: To stagger the benefits would hinder

the rendering of service when a catastrophe really occurs. He may require all of the benefits in one month, and to offer him only one-twelfth of the benefits would be disadvantageous to him at the time when he needs assistance most. So it is felt better to offer him the full benefits at the time

he needs them.

Dr. Roy C. Perkins: One question came up in regard to the medical services under this plan of benefits. It does not cover medical services for the first month. On page 2 of Item 5, under Benefits, Part II. "Medical services are not provided in the first month of this subscription. Accident cases have immediate service on acceptance of the applicant." The question is, this contract covers The question is, this contract covers one year only. If the applicant renews a period of one year only. his subscription in the following year, does that same provision hold true, namely, that he is not entitled to medical services for the first month under this plan?

MR. LAUX: No, Dr. Perkins. A certificate is issued in perpetuity; that is, it may be continued for ever so long as the subscription payments are met. All the waiting periods, when once overcome, are overcome forever, so that when the first month waiting period is met it is no longer a waiting period in succeeding renewal subscription periods.

Dr. C. E. Lemen: It is possible that a subscriber might like not to continue his payments, especially on a monthly basis, after he had received a considerable amount of service; because of unemployment he might not be able to continue. Couldn't some provision be inserted in his policy so that if his policy were allowed to lapse, any deficit or any delinquent payments would have to be made up after he was in a position again to confinue his payments in order to receive any further services

MR. LAUX: The Board of Directors, subject to the approval of the Insurance Commissioner, may specify the requirements for reënrollment after a lapsing of a certificate. The regulations would differ with different subscribers and under different circumstances, but the provision you suggest could be required if it were felt that a certain subscriber, having once lapsed his certificate, should be made to pay up the unpaid subscription payments before being accepted again into membership. That could be insisted upon, but I think it is a matter to be left to the Board of Directors to set up those regulations, subject to the approval of the Insurance Commissioner.

Dr. LUTHER DAY: Relating to Item 5, Part II, as to the \$5.00 assessment fee. Clarification on this paragraph is needed. The first question that Clarification on comes to mind is, what method of forceful collection is the Michigan Health Service to have in collecting this \$5.00 initial medical fee. Second, if this fee be not collected, does it jeopardize the doctor's collection? Third, how many initial medical fees are collected during one year? Is this \$5.00 to be collected on each illness during the year or just one illness? I can conceive a patient making fifteen separate calls during the year, in which at no time his medical account would be more than \$5.00 for any one time, and yet during the year he would have to pay \$30.00 from his own pocket or pay \$5.00 on each one of those individual sicknesses.

Mr. LAUX: As to your first question, the method of collecting that \$5.00 would be through the group collection procedure. The subscriber has agreed to pay the subscription rate. During a particular month he may require the services of a physician. The collection of the initial \$5.00 will be through the regular payroll subscription collec-The physician rendering the service will not have to bother about the collection of that item. He performs the services for the patient, renders the bill at the end of the month for the services which may be required, and that is all he has to be concerned with. The Michigan Medical Service will then, on receipt of your bill-which we will say is for \$15.00 for the month-know that this particular subscriber is liable for the first \$5.00 payment. The bill going out to the subscriber will indicate that this item of \$5.00 is due from that particular subscriber. If he fails to pay, his cer-tificate is terminated as provided in the certificate itself. This will facilitate the collection and the payment of the \$5.00 item.

As to your third questions, the assessment is only for once in the year, the first \$5.00 of the total value of the medical services required in a year and for all members. Under the family certificate only one payment of one item of \$5.00 will be necessary up to the full amount of service required. The \$5.00 will not be charged for each

service nor for each member. DR. L. J. HIRSCHMAN: This form should be changed in order to be identical with the previous ones. The words "up to" should be inserted under (a), (b) and (c) on the bottom of page 2,

where the amounts are specified.

Mr. Laux: Would this be acceptable as you suggested first: "that medical services may be received under this certificate at the expense of Michigan Medical Service in each subscription year after the first \$5.00 of medical expense incurred is paid by the subscriber to Michigan Medical Service up to the following amount," and then indicate the

Dr. Hirschman: Yes.

DR. URMSTON: Are there any further questions on Item 5?

If not, we will take Item 6, the Fee Schedule. Are there any questions on the Fee Schedule?

Dr. H. B. HOFFMAN: Is there any hookup with the University Hospital? Has there been any un-derstanding with the University Hospital on this present fee schedule in cases that wish to go there for treatment or are referred by their family phy-

MR. LAUX: The question of the fee schedule has not been discussed to that extent with the University Hospital. However, I believe the schedule which is in use in the hospitals has been one of the schedules that was considered in the drafting of the schedule of services. Payments to be made to physicians will be the same regardless of where they are, whether in the University Hospital or any other hospitals. The payments will be in the same manner equally throughout the state.

DR. DONALD BRASIE: In the fee schedule, it is almost impossible to get absolute equalization. important thing about the fee schedule-at least to some of our men who called me up before I left—was that by setting up this fee schedule you are establishing in the eyes of the public a maximum level for charges to 89 per cent of the population, which 89 per cent come within this group of \$2,500. By setting up this schedule, you are telling them that the Michigan State Medical Society and its component members are willing to accept this

as a maximum fee. It seems that it would not be long before the compensation companies and the insurance companies would say, "If you are willing to do this for this income group, this is the fee you will also take from us." The precedent is then established that you cannot get over or above or beyond that amount. You have placed a maximum limit upon the income that the doctor may earn from this sort of schedule; you have placed no The physician must take his pro rata minimum, share of the income per month minus expenses, which may be the fee schedule as contemplated and it may be something less, as it was in San Francisco, where it became 40 per cent less. We must adopt a fee schedule-on an actuarial basis, of course, one is necessary; but from a public relations standpoint, wouldn't it be better if the fee schedule were higher, even if we anticipated a percentage return? I was requested to ask if something couldn't be done in that direction.

MR. LAUX: Dr. Brasie, the points you raise have been the ones that have been of great concern and indicate the problems involved in the preparation of the fee schedule and the distribution of such a schedule. I think it should be borne in mind that this schedule is designed for group to be served, and that it is clearly understood that this is the median minimum schedule of fees for the group, hence I see no reason why an insurance company or outside agency should feel that they are entitled to the same schedule of payments. This is a particular, special arrangement and any one of your patients who is eligible can benefit by participating. It will be an added attraction for them to participate, to come within the benefits of It will be an added attraction for such special provisions. There is no reason why an insurance company should have any claim on There is no reason why your services at any rates other than those you care to establish. It has also been true that schedules have been established under workmen's compensation insurance but they have not, to any great extent, affected the private fee arrangements of patients who know they are not included in that group. Likewise, they must participate in the M.M.S. plan to receive its benefits.

In so far as setting the scale higher, at some arbitrarily high level, and then accepting a greater reduction, I think there are two valid objections to that. First, a certain amount of information about fees will be made available. If you set those fees at some arbitrarily high level, there is going to be a public reaction that this is simply an undertaking of physicians to get as big a fee as possible Second, and more important, is that having once established such a schedule and then later being required to take a bigger cut in it, would create a very bad impression in the minds of the physicians participating. Such a procedure was followed in the bureaus of Washington and Oregon. They arbitrarily set the schedule at 140 per cent, and then they had to cut that very appreciably. result was that they created a strong objection because the physicians said: "Look, we are only getting 40 or 30 per cent of our schedule," and it was a very bad thing. The physicians forgot that the schedule had been set arbitrarily high. I think it is better to be straightforward in the matter and put the schedule at what the prevailing charge is and recognize that it is a fair fee for the service to be rendered. I think it is a particular concession of the physicians to this group of subscribers, and I think it will be so recognized.

Dr. L. J. HIRSCHMAN: Don't you think that omewhere in this schedule a paragraph containing that very statement should be printed: that these fees are rendered at this low level as a concession from the medical profession of Michigan to this

particular scheme?

Dr. J. M. Robb: Do you think that it might be stated somewhat as Mr. Laux has said—that the profession considers this a median minimum fee for this service rather than the statement that it is a concession to anyone? I do agree with Dr. Hirschman that a statement should be made to some extent emphasizing this phase, but the language will have to be couched rather beautifully.

DR. E. D. SPAULDING: I object to the reference to this schedule as a median minimum schedule for the \$2,000 income group when it contains a hemorrhoidectomy for \$50.00, and the listing of the radiologic figures. This is no minimum median

schedule. (Laughter.)

MR. LAUX: On page 2 of the schedule is a provision, or a statement, somewhat in line with the discussion, that this schedule of payments is the proper level of charges for the services to be rendered to the groups of persons who will be enrolled. It might be couched in a little more specific language to indicate that this is the median minimum schedule of payments or charges

to this group, if that is your wish.

DR. L. J. HIRSCHMAN: I don't want to be on my feet very often about this, but I believe that median minimum is going to lead us into difficulties. I think, as I stated before, that this should be couched in proper language by the Committee, that these fees which are being mentioned here are rendered at this level because of the cooperation of the members of the Michigan State Medical Society; and it should be stated that it is a concession, whether you word it as such or not, and that it is not a normal fee but it is done in order to provide adequate service to a low income group. I think that should be stated in a way that is definitely understood.

DR. URMSTON: That part can be readily changed. As far as the schedule is concerned, you know the average; the Committee can bring in recommendations as to those changes so that there is no

further question on the fee.

DR. R. L. WADE: How are the medicines and the materials and the supplies expected to be paid In a statement here it says they are not included in this charge below.

MR LAUX: The same way they are paid for now. M.M.S. cannot include those costs. The drugs which a physician uses in his ordinary office practice for which he now makes no extra charge would be considered as being included, but the payment for special drugs, appliances, etc., cannot be included. Such costs must be met as they are met now, by the patient or through other

Dr. Wm. P. Woodworth: Regardless of what fees are established for house calls, it becomes obvious that if we are going to succeed with this plan we must have a cordial relation between the recipients of our service and the medical profession. Many of the men have quite a large office practice and make very few house calls. That is just from necessity. Assuming that someone calls you and wishes you to make a call at his home and you find that this is an apparently trivial matter and it doesn't clear up right away and you suggest that he come to your office for further treatment. That may be your idea of the best way to handle it, but the patient may think otherwise and insist that you continue to come to his home. As our setup is at present, of course, you can decline to make further home calls and they have the privilege of quitting you and going to some other physician. What might the possible reaction of these people be to a physician who considers the

home calls unnecessary?

Dr. J. M. Robb: I see that in the City of Detroit there is no schedule for miles of travel. I wonder if, in answering Dr. Woodworth's question, a specific statement was made regarding mileage in the city, whether that perhaps could be used as a reason for coming to the office. There are two factors: that is, you will more rapidly run up the fee to \$375 or whatever the amount is; and then if you do put in the matter of mileage it should be more than it is in the country because driving through Detroit, even if you fly like Dr. Spalding does, is a problem. I think there should be in that schedule some very definite statement which will do what Dr. Woodworth is suggesting, incline to make them

come to your office for treatment.

Dr. P. L. Ledwidge: Couldn't the doctor simply explain to the patient that he has so much in the bank—say \$350—and if he wants to spend it for home calls, it will take so much; and if he wants to spend it for office calls and have something left for reserve, he can do it that way. A man's

common sense should be his guide.

THE SPEAKER: I would like to ask Dr. Woodworth what he does to that patient who refuses to come to his office and asks him to come to his

home?

Dr. Woodworth: The patient has to pay for that. Under existing conditions, that patient is under no particular obligation to come to me or am I under any particular obligation to go to him. I can suggest that he get some other doctor. Is that going to work under this plan? Is he going to be satisfied with that?

THE SPEAKER: I don't think it would be any different under this plan than it is under private practice. I think the same is true about the mile-

age situation in Detroit.

Dr. Woodworth: I have never been able to make calls on the basis of mileage in the City of Detroit.

Dr. Urmston: We will have Mr. Laux answer the question.

MR. LAUX: I think the question has been pretty well answered in that the present practices will govern; that is, what is being done now will continue. If mileage is charged, mileage will be charged according to the provisions made; if it is not charged, it will not be charged under this arrangement. I think it is a matter for the individual physician in his own practice to decide. One doctor answered the question very well the other evening when he said that the physicians in the locality tend to control the matter entirely. some localities the patients have been educated to require the doctors to run to their homes; in other localities the physicians have educated the patients to come to their offices. It is a matter for the physicians to decide. The Michigan Medical Service, offering ready and immediate payments for the services rendered, will, of course, tend to increase the problem slightly in that the patient will feel more free to call and the physician will feel more free to provide the service. A certain amount of that will be for the good of the doctor and the patient, but we hope that through the regulations that we have mentioned for controlling chiseling, the requirements on the subscriber limiting his benefits and the deductible feature we have enough devices to keep this matter in line.

DELEGATE: Isn't it a fact that this patient has a right to discharge that doctor also, if there is a difference of opinion? The doctor himself, if he is honest about this patient and thinks he can come

to the office, tells him so; if the patient doesn't think so, that patient still has a right to get another physician and discharge this one. Therefore, it works on the family-patient relationship and it answers itself. If you tell the patient that he must come to the office, you really believe it so, and if the patient takes your word for it as he does in general practice, he is going to follow your suggestion. But should he not think so—and the doctor is not correct all the time either, if the patient does not think he is able to go to the doctor's office, he has the prerogative of discharging him and securing the services of another physician.

Dr. Urmston: All provided, this does not interfere with existing conditions of practice.

Dr. Wm. S. Reveno: To obviate the question raised by Dr. Brasie of Genesee and to clarify the question raised by Dr. Hirschman with regard to the fee schedule constituting a concession on the part of the members of the Michigan State Medical Society, isn't the fact that the schedule as established constitutes a basis for the premiums as charged this particular group of people. Wouldn't it be advisable to include some statement to that effect if that is the case in Item 6?

DR. URMSTON: That could easily be put in. We have to bear in mind always in the changes whether the insurance department would raise any objection. When the Michigan Medical Service Board of Directors gets into action a good many of these points will be merely a matter of administration.

We will take up Item 7.

Dr. Ed Meisel: What arrangements are going to be made in regard to payment of diagnostic facilities that a lot of doctors, especially in the northern counties, are doing in their own offices to save their patients twenty or twenty-five miles of travel to diagnostic centers. Some doctors are equipped to do blood counts, basal metabolisms, et cetera. Are the physicians in the counties that are far from diagnostic centers going to be paid for their work in regard to blood counts and electrocardiographs and that type of diagnostic work?

It is provided that payments will LAUX: be made for diagnostic procedures of that type when performed by a Doctor of Medicine. So if a physician in his office is called upon to perform certain of those services, that are customarily included in his office calls, he would not render a separate charge for them; but if a separate diagnostic procedure is required and if it is performed by him or by a physician to whom he refers, that pathologic procedure or other procedure will be paid for at the schedule of charges provided.

DR. MEISEL: What safeguards are there going to be, what systems are there going to be set up whereby a patient cannot have a basal metabolism more than twice a month; or if he had his chest x-rayed the previous month, is he liable to have it repeated again in case other diagnostic work is to be done? For instance, if a patient has a basal metabolism and a blood count and a dozen other diagnostic procedures, is that same patient eligible for the same treatment a month later?

MR. LAUX: There will be a record kept for each patient, of course, and the services which he has received will appear on that record. If in the second month the same diagnostic procedure were requested, the Medical Advisory Committee would question whether that diagnostic procedure need be repeated.

Dr. Ed. Meisel: Would there be any central record through your own office?

MR. LAUX: There will be a central record of the patient. The services received will be ceneach patient. trally recorded.

Dr. Urmston: Let us go through this rapidly

as the time is getting short.

We will take up Item 7, Statement of the Arrangement between Physicians and Michigan Medi-

Tangement between Physicians and Michigan Medical Service. Are there any questions on Item 7, Item 7A and Item 7B? Also 7C? No questions.

That, gentlemen, concludes the Michigan Medical Service Plan as presented to you by The Council. If further questions occur to you, will you appear before the Reference Committee this afternoon and

present your ideas; they will be glad to hear them.

I want to be a little bit personal in my last remarks. I want to thank you for being so considerate of the Chairman in his deliberations because this is the Chairman's last appearance before you as Chairman of the Council. He is going to resign as Councilor this year. You will not have to bear with him any more.

I thank you very much, and now I will turn the meeting over to the Speaker. (Applause.)

The Speaker: Please remember that you are invited to attend any of these Reference Committee meetings if you care to do so and discuss any of these reports, especially this Michigan Medical

The Michigan Medical Service plan will be turned over to the Reference Committee on Standing Committees. According to the Handbook, this afternoon we are scheduled to start at three o'clock, but a number of men think it would be advisable if we started at two-thirty. In that way we can get off the reports of the Special Committees before the Reference Committee brings in its report on the Medical Service Plan.

If there is no further business to come before

the morning session, we will recess.

The meeting recessed at twelve thirty-five o'clock.

Recess

Monday Afternoon Session September 18, 1939

The meeting convened at two forty-five p. m., with the Speaker, Dr. Philip A. Riley, presiding.

VII. Reports of Special Committees

VII-1. MATERNAL HEALTH COMMITTEE

THE SPEAKER: We will have the Reports of the various Special Committees, starting with the Maternal Health Committee, which is printed in the Handbook and is referred to the Reference

VII-2. MENTAL HYGIENE COMMITTEE

THE SPEAKER: The next Report is the Annual Report of the Committee on Mental Hygiene.

DR. MARTIN H. HOFFMANN: Mr. Speaker and Delegates: The Report of the Committee on Mental Hygiene is published in the Handbook, and very briefly can be crystallized into these few sentences: That the activities of the committee were along the line of education, both of the public and of the profession. To that end, thirteen focal points State were organized from which speakers could be sent out, and the surrounding County Medical Societies were notified that speakers were available. Some of them made use of these facili-

THE SPEAKER: The Report will be referred to the Reference Committee.

VII-3. WOMAN'S AUXILIARY COMMITTEE

The Annual Report of the Advisory Committee to the Woman's Auxiliary.

DR. L. C. HARVIE: You will find the Report in the Handbook, and I think it covers the ground fairly well. Since going to press, one more Auxiliary has been organized. It includes the Counties of Gratiot, Isabella and Clare. I think the Auxiliary this past year has done an exceptionally good job in organizational work, and one of the pleas from all new auxiliaries is this: What can we do? This organization certainly has the interests of the medical men at heart more than any other organized group that I know of, and they want to work. It's up to this body and Council to formulate some sort of a program that will put these women to work. They all say they don't want pink teas and bridge parties all the time; they want some-thing to do that is going to help us. So I earnestly urge this body and The Council to formulate some program for them to work on. I don't think you can evaluate the amount of good their public rela-tions activities have done. With this new program of Michigan Medical Service, possibly you will have a liaison between the lay people and your Medical Society that you might not get in any other way.

I earnestly urge the Counties, or the men here

who come from Counties that are not organized, to go back and use their influence to get their Counties organized. There are 4,325 medical members and only about 1,000 Auxiliary members. That is less than one-quarter of what we should have.

(Applause.)

THE SPEAKER: The Report will be referred to the Reference Committee.

Dr. Penberthy, will you give us the Report of the Radio Committee?

VII-4. RADIO COMMITTEE

DR. GROVER C. PENBERTHY: The Report of the Radio Committee is printed in the Handbook. In addition to the twenty-one talks that were delivered by men in Detroit and throughout the State, we had five other talks that were either taken from the American Medical Association series of talks or from some other source. This summer, in addition to the program throughout the year, which ended in the spring, the Committee was asked to provide two speakers to talk on poliomyelitis. The Committee throughout the year developed original material that would be diversified to cover all of the subjects, and as stated in the Report, there is a great opportunity for a physician with some dramatic ability to work out a few of the programs that can be presented in this fashion. The interview type program used during the year seemed very satisfactory, and I would recommend that the Committee, next year, consider that as the type of broadcast. The various talks were mimeographed by the Extension Bureau in Ann Arbor, and distributed to the various stations throughout the

THE SPEAKER: That report will be referred to the Reference Committee.

Dr. Gruber, will you give us the Report of the Liaison Committee with the Michigan Hospital Association.

VII-5. LIAISON COMMITTEE WITH HOSPITAL ASSOCIATION

DR. T. K. GRUBER: The Report in the Handbook might need a bit of explanation. As stated, the highly controversial subject that was before the two organizations during the first part of the year, group hospital insurance, made it seem to me, as Chairman of the Committee, that the liaison with the hospitals should be handled by the Execu-Committee of the Council, and it was so tive handled. Finally a satisfactory arrangement was brought about. I am still of the opinion that more cooperation should be had between the medical profession and the hospitals as organizations. The members of the medical profession are using the hospitals; they are on the staffs of the hospitals, and I see no reason why the various problems that the medical profession have in connection with the hospitals might not be ironed out better if more conferences of the two groups could be held. The hospitals and the medical profession are not very far apart on any of their problems. There are some differences of opinion, to be sure. It is very evident that they can be gotten together because of the terrific controversy that was raging about a year ago which was finally ironed out and fixed up perfectly satisfactorily all the way around. I feel that this Committee could be of great service in ironing out these difficulties.

THE SPEAKER: That report will be referred to

the Reference Committee.

VII-6. LIAISON COMMITTEE WITH THE STATE BAR

The Report of the Liaison Committee with the State Bar will be referred to the Reference Committee.

We will now have a Report of the Membership

Committee.

VII-7. MEMBERSHIP COMMITTEE

Dr. CHARLES E. DUTCHESS: Mr. Speaker, it is difficult for me to add much to the Report which is published in the Handbook. A very high percentage of eligible physicians are already members of the State Society. What we attempted to do was to provide that an invitation to join organized medicine be given to each eligible physician, and we wanted that invitation to come from the component society in whose territory he lives. We made no attempt to high-pressure anyone. did try to make sure that all eligible men were invited to join the State Society, and we supplied the local societies with folders which had previously been prepared by the State Society which bring out the very material advantages of membership.

The Speaker: This Report will be referred to

THE SPEAKER: This Re the Reference Committee.

Dr. Miner, have you anything to report on the Iodized Salt Committee?

VII-8. IODIZED SALT COMMITTEE

Dr. Fred Miner: I regret to announce the illness of Dr. Cowie who requested me to present a Supplementary Report to the brief one which is printed in the Handbook.

Supplementary Report

During the past year the Iodized Salt Committee has had several meetings in Detroit with a committee from the Michigan Salt Producers Association for the purpose of getting out a circular for the parents of school children informing them of the desirability of seeing that their children receive iodized salt. This little pamphlet, entitled "Michigan Children Need Iodized Salt," is printed in attractive

form, copy of which is attached.

In addition to this, the Committee has completed an exhaustive review of all the literature that has accumulated since the introduction of iodized salt in Michigan. Dr. Cowie and his associate, Dr. John J. Engelfried, have completed a survey of the iodide content of iodized salt-samples purchased on the open market from all sections of Michigan, and subjected to careful analysis. This report is practically ready for the publisher.

During the coming year it is the wish of the Committee to establish systematic analyses of the various brands of iodized salt on the market in

The question of making plans for the appointment of a permanent commission for goiter prophylaxis in this country has come up and the Committee feels that its headquarters should be in Michigan. Accordingly, we hope to have the Committee continued as at present and to give you even a better report of our activities in the course of another year.

D. MURRAY COWIE. M.D. Chairman, Iodized Salt Committee.

Addenda

A word of explanation is in order relative to the endemic goiter prophylactic commission. committee was first appointed in the Pediatric Section in the year of 1922, or seventeen years ago. It has functioned more or less continuously since that time with the addition of only two new members. All of its recommendations have been brought to the House of Delegates for proper approval and endorsement. The use of the original formula for iodized salt has successfully stood the gaff of all departments of medicine. The results, as you know, are highly gratifying. Michigan's Iodized Salt formula is used from Nantucket Island to the Philippines, in Canada and the entire United States. Your State Committee is the only medical organizational unit in this country which is working with the salt producers and conducting systematic analyses for iodine content of the various salts produced. At the 1938 International Congress for Study of the Diseases of the Thyroid it was learned that your Committee is regarded by the men abroad as the prophylactic committee of North America. It is being interrogated for facts and figures from newspapers and magazines. The field of study has gone far beyond the boundaries of our State, yet 85 per cent of the table salt produced in this country is put out by the Salt Producers Association of Detroit. The need for a perpetual medical committee or

commission is apparent. The problem before us is whether to recommend this to you as a State organization with guest collaborators from other states and Canada or to take steps to formulate such a commission with one of the specialized national organizations. Your Iodized Salt Committee desires to study this problem this coming

F. B. MINER, M.D. Secretary, Iodized Salt Committee.

THE SPEAKER: This Report will be referred to the Reference Committee.

Dr. Arnold, will you report on the Advisory Committee on Nurses' Training Schools?

VII-9. NURSES' TRAINING SCHOOLS

Dr. A. L. Arnold, Jr.: The Report of the Advisory Committee is complete in the Handbook. We have accomplished very little, if anything; I think probably due to the inexperience of the Chair-

man in handling politics and women. (Laughter.)
The Speaker: Thank you, Dr. Arnold! We shall arrange to have the Chairman take some les-

Is there anything to come up under the head of unfinished business?

IX. Unfinished Business

IX-1. PROPOSED AMENDMENT TO CONSTITUTION—RE: MEMBERSHIP

Mr. Speaker, there was referred to the House of Delegates for 1939 a proposed amendment to the Constitution, laid over from last year. It was to Article 3, Section 1, by adding the following sentence: "Membership in the County Medical Society on a basis not including membership in the State Medical Society is not recognized." This, I believe, Mr. Speaker, was occasioned by the fact that in some societies certain types of membership were recognized whereby the individual chose to pay dues to a County Medical Society but did not choose to pay his State dues. He wished to be a member of a County Medical Society and terminated his membership there by paying simply the local dues. The idea was not, however, to interfere with the established types of special membership such as exist, for instance, in Wayne County, where they have a rather complicated list of various types of members—honor members, etc. I think the idea of this was in no way to interfere with that, but it was to prevent a man in active practice paying local County Society dues and choosing not to pay the State dues and thereby saying he is a member of a County Medical Society, when, as a matter of fact, membership in the County Medical Society should mean membership in the State Society and membership in the American Medical Association. I bring that up because it did raise the question that it might interfere with the Wayne County special designated memberships. That was not the intention.

THE SPEAKER: Does that explain it to every-This Amendment to the Constitution was introduced a year ago at the meeting in Detroit and is to be voted on this year. We shall now discuss it.

Dr. Dutchess: I am interested in this amendment because of other amendments which are to be introduced later. So far as active membership is concerned, that is adequately covered in the present Constitution in the following Section: It says, "Active members shall comprise all the active members of a component county society." It does, by the way, as you suggest, Dr. Foster, exclude certain forms of perfectly legitimate limited membership which projects. bership which various County Societies may offer.

Dr. Foster: I chose rather not to mention specifically County Medical Societies, but I think

I shall have to simply tell you why that arose.

I believe two years ago there were officers of certain components of the Wayne County Medical Society who were not members of the State Medical Society and still they were officers of some of the branch societies of the Wayne County Medical Society. Whoever brought that subject up brought it up because of that peculiar situation where a man was a secretary of one of the divisions of the Wayne County Medical Society and was not a member of the State Medical Society.

Dr. Dutchess: Mr. Speaker, this is certainly covered if the Council chooses to enforce the present Constitution. However, shortly we intend to introduce some other amendments which will define the various classifications of membership which the State may very properly offer to all of the component societies.

DR. E. D. SPALDING: In view of the fact that this matter will be explained by subsequent amendments to be offered, would it not be wise to temporarily table this until the others come out?

THE SPEAKER: The Chair will entertain such a

Dr. SPALDING: I so move.

The motion was seconded by Dr. Dutchess and

THE SPEAKER: That is all we have laid over from last year. Is there anything else to come under the head of Unfinished business? We will move on to the resolutions.

XI. Resolutions

XI-1. SPECIAL MEMBERSHIPS

DR. PAUL ENGLE:

"Whereas, Dr. James B. Bradley of Eaton Rapids is in all respects eligible to be honored with a Membership Emeritus in the Michigan State Medical Society; and Whereas, The Eaton County Medical Society in regular session has instructed its delegate to present the name of Dr. Bradley to the House of Delegates for the consideration of this honor; Therefore, Be it Resolved, That the House of Delegates of the Michigan Medical Society confer on Dr. James B. Bradley the honor of Membership Emeritus; and be it also

and be it also "RESOLVED, That the Secretary be instructed to address to Dr. Bradley a special letter expressing our appreciation of his many years of invaluable service to the Society."

I move the adoption of this resolution.

THE SPEAKER: Your resolution will be referred to the Committee on Resolutions, to be brought in for adoption later.

DR. A. E. STICKLEY:

"RESOLVED, That Milan Coburn of the Ottawa County Medical Society be granted Emeritus status. Dr. Coburn has practiced medicine for forty-six years and has been a member of the Michigan State Medical Society for thirty-two years."

I move the adoption of the resolution.

DR. FOSTER: For purposes of clarification, it might be well for me to read to you the requirements of Emeritus membership. A request was made of the various societies to submit these names thirty days in advance of this meeting so that the records, which are in the Executive office in Lansing, might be checked. A great many men whose years of service would seem to indicate that they had met the requirements have had a lapse of membership in the State Society, thereby breaking the continuity of this membership making them eligible. In Retired memberships, a man must have maintained his membership in the Society for ten years and have retired from practice. In Emeritus memberships, a man must have been in practice fifty years and he must have maintained a membership in good standing for twenty-five years. They are the two types of membership that are available to the members. There are some of these men who have not been accredited by the Executive Office. I have here the file which indicates that certain men have not been eligible because the records show that they have not kept up a membership.

I see here that it says, "has maintained a membership in good standing for twenty-five years."

That has been interpreted previously as continuous membership. Whether that is the correct interpreta-tion I don't know, but it is the interpretation that has been used in previous years, and that may be the reason why some of these men whose applica-

tions have been presented were not eligible. Whether this means twenty-five years at any time or twenty-five consecutive years I don't believe is clear in the Constitution.

Dr. Stickley: I think that ought to be clarified.
The Speaker: I will clarify it right now as it is given, so that your resolution will be all right if you get it typed in duplicate. Are there any further resolutions

DR. JAMES J. O'MEARA: I have been requested by the Jackson County Medical Society to present the following names for Retired membership:

the following names for Retired membership:

Dr. Henry Gray Glover of 331 W. Michigan Avenue, Jackson. Dr. Glover was born August 20, 1860, and is now seventy-nine years old. He graduated in 1882 from the Hannemann Medical College of Chicago. He began practice in Jackson, December 7, 1887; left in April, 1891, to be gone three years, then returned to Jackson. He left again the winter of 1905, to be gone seven years, returning the winter of 1912. He became a member of Jackson County Medical Society in 1913, and has been a very much respected and ethical member of our organization since then. In 1934 he was made an Honorary member of Jackson County Medical Society. In 1913 he also became a member of Michigan State Medical Society.

Dr. Walter E. Spicer of 115 Second Street, Jackson. Dr. Spicer was born September 9, 1855, and so is now eighty-four years old. He is a graduate of the University of Michigan in 1884, which was the first class to have a three-year course. He spent four and a half years in the suburbs of Utica, New York, leaving there for New York City, where he was associated with various ear, eye, nose, and throat clinics and hospitals for eighteen years. He came to Jackson on March 10, 1908, and has been here ever since then. He has been in practice fifty-five years. He also became a member of Michigan State Medical Society in 1908. In 1934 he was made an Honorary member of Jackson County Medical Society. He has always been very much respected and is a very ethical member of our organization. our organization.

THE SPEAKER: They are referred to the Resolutions Committee.

Are there any further resolutions?
Dr. W. B. COOKSEY: The Wayne County delegation wishes to present the names of Dr. Don M. Campbell, Dr. William M. Donald, Dr. Stanley G. Miner, and Dr. Rollin H. Stevens for members Emeritus in the State Medical Society. These men have fulfilled all constitutional requirements and are continuing to render distinguished service.

THE SPEAKER: They will be referred to the Com-

mittee on Resolutions.

Are there any further resolutions?

XI-2. NEW SECTION

Dr. RICHARD OLSEN: After the announcement this morning by Dr. Foster that no further sections should be added to the State Society, I am some-what embarrassed. However, as I represent the Michigan Pathological Society, I cannot very well refuse to make this resolution. I think it is particularly pertinent at the present time when pathologists, who apparently represent the borderline between the medical practice and lay practitioners or those who would wish to get into medical practice, should clarify their situation. I think the pathologists should do everything they can to emphasize the fact that they are an integral part of medical There is no recognition of pathologists in practice. the State Society. I am not clear what can be done by a Committee. It is our feeling that the Michigan pathologists are entitled to representation as are the other sections which we have at the present time. We would be entirely in favor of any change made in the future to permit other organization of these sections, but we would like to be represented as are the other sections.

Dr. Olsen presented his prepared resolution:

WHEREAS: The Constitution and By-laws of the Michigan State Medical Society authorizes that "The House of Delegates shall provide for the division of the scientific work of the society into appropriate sections."

PROCEEDINGS SEVENTY-FOURTH ANNUAL MEETING

At the present time there is no appropriate section for the specialty of Pathology.

The Michigan Pathological Society, consisting of the members of the Michigan State Medical Society practicing Pathology, in a regular meeting in Grand Rapids, June, 1939, voted unanimously to petition the House of Delegates to provide for a Section in Pathology.

BE IT RESOLVED: That the House of Delegates authorize the formation of a Section of Pathology in the Michigan State Medical Society.

THE SPEAKER: This resolution will be referred to the Reference Committee.

Are there any further resolutions?

XI-1. SPECIAL MEMBERSHIPS

DR. A. L. ARNOLD, JR.:

"Whereas, Dr. George L. G. Cramer of Owosso has been in the active practice of medicine for fifty-one years and has been a constant member of the Shiawassee County Medical Society for over thirty-five years, and Whereas, Dr. Cramer has been a very useful member of the Shiawassee County Medical Society, having been President and several times a Delegate in this House, as well as a very useful member of his community, and Whereas, he has been approved by the Shiawassee County Medical Society for Emeritus Membership.

"Therefore, be it resolved that he may be made a member Emeritus of the Michigan State Medical Society."

Dr. Harvey Hansen presented prepared resolutions for Emeritus membership and a prepared resolution for Affiliate Fellowship in the American Medical Association as follows:

WHEREAS, Dr. W. H. Riley of Battle Creek has been in practice for fifty-three years and has been a member of our Society for fifty-two years, and WHEREAS, the Calhoun County Medical Society at its meeting May 2, 1939, voted to recommend him for member emeritus of the Michigan State Medical Society; therefore he it. RESOLVED, that Dr. W. H. Riley is hereby elected member emeritus in the Michigan State Medical Society.

WHEREAS, Dr. C. C. Landon of Battle Creek has been in practice for fifty-four years and has been a member of our Society for over thirty years, and WHEREAS, the Calhoun County Medical Society at its meeting May 2, 1939, voted to recommend him for member emeritus of the Michigan State Medical Society; therefore, be it

fore, be it RESOLVED, that Dr. C. C. Landon is hereby elected mem-ber emeritus in the Michigan State Medical Society.

WHEREAS, Dr. John Harvey Kellogg of Battle Creek has been in practice for sixty-four years and has been a member of our Society for sixty-two years, and WHEREAS, the Calhoun County Medical Society at its meeting May 2, 1939, voted to recommend him for member emeritus of the Michigan State Medical Society; therefore, be it

RESOLVED, that Dr. John Harvey Kellogg is hereby elected member emeritus in the Michigan State Medical Society.

member emeritus in the Michigan State Medical Society.

Whereas, Dr. George C. Hafford is a member emeritus in the Michigan State Medical Society, by virtue of over fifty years in practice and over twenty-five years of active membership, and by election by the House of Delegates of the Michigan State Medical Society, and

Whereas, he has more than fulfilled the requirements for Affiliate Fellowship in the American Medical Association. now, therefore, be it

Resolved, that Dr. George C. Hafford of Albion, Michigan be hereby nominated for Affiliate Fellowship in the American Medical Association, and that our Delegates be in structed to present his name in the American Medical Association House of Delegates.

XI-3. RADIO ADVERTISING

Dr. Grover C. Penberthy: Mr. Speaker and Members of the House of Delegates: I wish to present the following.

Dr. Penberthy presented his prepared resolution:

The Medical Profession has always coöperated in giving information which pertains to education that is for the best interests of the public. The radio today has become an important avenue for the distribution of educational informa-

The type of medical advice furnished over the radio in connection with patent medicine broadcasts is becoming an

activity which is not for the best interests of the public. This type of promotion in behalf of self-medication is becoming more subtle and radio announcers are endeavoring to tie up their advertising message with some complimentary

reference to the medical profession.

It is thought that the time has come for concerted action to curtail this type of activity in behalf of the lay public, which is unable to recognize the difference between correct medical advice and commercial propaganda, therefore be it Resolved, that the Michigan State Medical Society request

RESOLVED, that the Michigan State Medical Society request a conference between representatives of the broadcasting companies and the profession for the best interests of public health, to discuss the practice of prescribing medicine and giving medical advice over the radio, and be it further RESOLVED, that the request for this conference be sent to the broadcasting companies, the American Medical Association and the Federal Communications Commission.

THE SPEAKER: Are there any further resolutions?

XI-4. NEUTRALITY

Dr. RALPH H. PINO: Mr. Speaker, there is a matter that seems to be of interest to the medical profession, at least it ought to be. In this past year there has opened in Wayne County, in Dearborn, the new Veterans' Hospital. It accommodates 351 pa-tients, and it is filled except for four or five beds that are maintained for emergency purposes. This is over twenty years after the last war started. In Battle Creek there is another hospital which maintains 1,800 beds, and it is likewise filled twenty years after the last war.

I apologize for not turning this over to the Committee on Preventive Medicine, but it is only just out.

Dr. Pino presented the following resolution:

Whereas the medical and allied professions are devoted to the common cause of the prevention, alleviation and cure of disease, the prevention of physical and mental suffering and of untimely death,

Whereas upon the preservation of these factors in life individually and collectively depends the very basis for all human progress in every activity of life

Whereas war is conducive to the very opposite of these chiectives

Whereas war is conducive to the very opposite of these objectives,

Whereas great responsibility in the maintenance of the type of neutrality that shall maintain these objectives, now devolves upon the President and the Congress of the United States in keeping us out of war,

Whereas when its services are needed the medical profession of America stands ever ready at its country's call whatever the nature of its distress

Whereas it appears now that, in light of experience, the maintenance of the objectives of medicine depends on keeping as many countries as possible, including America, out of war, therefore be it

Resolved that the Michigan State Medical Society, in sympathy with the great responsibility devolving upon the President, his cabinet and the Congress of the United States, and desirous of giving our best judgment and help, in light of our knowledge as men who treat the wounds of war (and are still treating them from the last war), solemnly urge that no pressure be allowed by whatever seeming logic to cause America to enter the present European conflict, and be it further

RESOLVED, that copies of these resolutions be sent to every member of the House of Representatives and the Senate of the United States from Michigan, to the Presidents of the American Medical, Dental and Nursing Associations, to the president of each state medical association and to the Women's Auxiliaries of each state medical society urging similar action, in keeping with the scientific and humanitarian objectives of preventive medicine.

THE SPEAKER: We shall proceed to New Busi-

Dr. CHARLES E. DUTCHESS: I want to ask for information. Are amendments to the Constitution and By-Laws to be regarded as resolutions or New Business?

THE SPEAKER: New Business.

We shall now move to New Business.

Dr. Dutchess: I offer the following proposed amendments to the Constitution:

X-2. PROPOSED CONSTITUTIONAL CHANGES RE: MEMBERSHIP

(Art. III)

Article 3, Section 1: Amend to read as follows:

"This Society shall consist of active members, honorary members, associate members, retired members, and members emeritus."

You will note that this proposed amendment omits the last sentence, which now states:

"Members shall be members of Component County Societies who have been certified to the Secretary of this Society and whose local and State dues have been paid."

It seemed to us that this sentence, which we propose to delete, is redundant, and as a matter of fact might be considered as leaving the door open for these illegal memberships which have been discussed earlier this afternoon.

Proposed amendment to the Constitution of the Michigan Medical Society, Article 3, Section 2:

"Active Members-Active members shall comprise all the "Active members—Active members shall comprise all the active members of component county societies. To be eligible for active membership in any component county society, every person must be under license to practice medicine and surgery and midwifery by authority of the Michigan State Board of Registration in Medicine."

You will note again that the active membership of the State Society embraces the complete active membership of component county societies, so that there can be no legitimate active membership in a county society except that which is identical with active membership in the State Society.

Proposed amendment to the Constitution of the Michigan State Medical Society, Article 3, Section 3: Amend to read as follows:

"Honorary Members—County Societies may elect as Honorary Members any persons distinguished for their services or attainments in medicine or the allied sciences, or other services of unusual value to organized medicine or the medical profession. Upon recommendation of a County Society, the House of Delegates may elect such persons as Honorary Members of the State Society.

"Honorary Members shall not pay dues and shall not have the right to vote or hold office in any County Society or the State Society."

That is not any material change, perhaps, from the present definition of Honorary Members except it is more specific in the matter of paying dues and voting in both the County Society and the State Society.

Proposed amendment to the Constitution of the Michigan State Medical Society, Article 3, Section 4: Amend to read as follows:

"Associate Members—County Societies may elect as Associate Members:

"1. Persons not members of the profession but engaged in scientific or professional pursuits whose principles and ethics are consonant with those of this Society.

"2. Internes serving their first year in any approved hospital, internes of longer standing, resident physicians in training, and teaching fellows not engaged in private practice, but not after five years from the receipt of first medical degree (M.D. or M.B.).

"3. Commissioned medical officers of the United States Army, Navy, Public Health Service and Veterans' Administration on duty in this state who are not in the private practice of medicine.

"4. Physicians not engaging in any phase of medical practice.

"Upon recommendation of a County Society, the House of Delegates may elect such persons as Associate Members of the State Society. Associate Members shall not pay dues in the State Society, nor shall they have the right to vote or hold office in either County or State Society.

"County Societies may require Associate Members to pay certain local dues, out of which the Journal subscription is to be paid to the State Society and for which such Associate Members shall receive the Journal."

If you will examine the present Constitution critically, you will note that there is an apparent overlapping between the Honorary Members and the Associate Members. It seemed to our Committee that certain logical candidates for Associate membership should be provided for without the actual conferring of any honor on them. As a matter of fact, the definitions of these various classes of Associate Members here are based on the arrangement which has been in effect in Wayne County for some time and which has proved very practical. Furthermore, it seemed an arrangement which we felt would be entirely applicable to any County Society. I doubt if it is at present legal for Wayne County or any other County to have in effect this type of membership. This amendment would make it legal and would also provide for a ready classification of these memberships for any County Society.

The following Sections-5, Retired Members, and

6, Members Emeritus, are not changed.

Proposed amendment to the Constitution of the Michigan State Medical Society, Article 3, add a Section as follows:

"Section 7. Non-Resident Members-County Societies may elect and retain as Non-Resident Members—County Societies may elect and retain as Non-Resident Members physicians residing and practicing outside of the County who are members in good standing of their own County Medical Society. Non-Resident Members shall not have the right to vote or hold

You will note no provision is made for having Non-Resident Members of the State Component Society, but consistent with our previous amendments we make that provision for the County Societies.

X-3. PROPOSED CONSTITUTIONAL CHANGE RE: HOUSE OF DELEGATES

At present there is a conflict in the Constitution in Article 4, Section 3, which now states,

"The officers of this Society and the members of the Council shall be ex-officio members of the House of Delegates without power to vote."

As a matter of fact, The Speaker is one of the members of the Council and one of the Officers, but he does have power to vote in the House of Delegates.

We propose the following amendment to Article 4. Section 3:

"The officers of this Society and the members of the Council shall be ex-officio members of the House of Delegates, and, with the exception of the Speaker of the House of Delegates, shall be without power to vote in the House of Delegates."

Those are all of the amendments to the Constitution. After you have disposed of those, I wish to introduce some amendments to the By-laws.

THE SPEAKER: Inasmuch as these are amendments to the Constitution, they will have to be laid over until the 1940 meeting for action. You may proceed.

X-4. BY-LAWS CHANGE RE: MEMBER-SHIP (Chapter I)

Dr. Dutchess: It was pointed out that we have never had any mechanism for the transfer of membership from one County Society to another, and it was suggested that some provision be made for this. For that reason, we propose the following amendment to the By-Laws of the Michigan State Medical Society: Chapter 1, add a new Section Six as follows:

"Section 6. Transfer of membership from one component County Society to another shall be effected in the following manner:

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"The member who wishes such transfer shall make application to the component Society which he wishes to join, stating his reason for desiring a transfer of membership, which must include the fact that either his residence or office location is in the jurisdictional territory of that Society, and tendering payment of dues for the remainder of the current year, calculated to the nearest quarter.

"The Secretary of the Society to which application is made shall request certification of standing from the component Society in which membership is then held. Upon receiving such request, the Secretary of the latter Society shall supply certification of good standing, provided the following requirements have been met:

"1. All State and County dues shall have been paid for the calendar year previous to the year in which application for transfer was made.

"2. The full State dues shall have been paid for the year in which application for transfer was made.

"3. County Society dues shall have been paid to cover that portion of the year preceding application for transfer, the time being calculated to the nearest quarter.

"4. A member being granted a transfer shall not be under suspension or facing charges of unethical conduct.

"In case the County Society dues have been paid in full for the year, and certification of good standing is being issued, the Secretary of the component Society shall refund County Society dues represented by the unexpired portion of the year, calculated to the nearest quarter.

"Upon receipt of certification of good standing, and favorable action by the County Society to which application has been made, the transfer of membership requested shall be in effect."

THE SPEAKER: It is necessary for the amendment to be laid over until the evening session before any action can be taken.

Dr. Dutchess: It appeared desirable to smooth out the By-Laws.

X-5. BY-LAWS CHANGE RE: ELECTION OF OFFICERS BY HOUSE OF DELEGATES (Chapter III)

In Chapter 3, Section 7, we suggest the following amendment: Amend paragraph (m) to read:

"The election of officers shall be held at the last session of the House of Delegates at the Annual Meeting. All nominations shall be made on the floor of the House. The Speaker having declared the nominations for any office closed, shall appoint tellers. In the event of having only one nominee, the candidate may be elected by a viva voce vote. Members elected to office shall take office with the induction of the incoming President."

This represents no material change but two or three minor ones.

X-6. BY-LAWS CHANGE RE: DUTIES OF OFFICERS

Chapter 4, Section 4: Amend the first paragraph to read as follows:

"The Secretary shall be an active member of the Michigan State Medical Society and shall be paid a salary to be determined by The Council. He shall be an ex-officio member of the Executive Committee of The Council without a vote. He shall be the recording officer of the House of Delegates, The Council, Scientific Assembly, and General Meeting," et

The only change here is the deletion of the limitation concerning the salary which appears in the present By-laws.

THE SPEAKER: Despite the fact that Dr. Dutchess brought in some new amendments to the Constitution which more or less cover the amendment which was laid over from last year, we still have to vote on the amendment which was laid over from last year.

Is there any further discussion on it? I will have Dr. Foster read it again.

IX-1. PROPOSED AMENDMENT TO CONSTITUTION—RE: MEMBERSHIP

(Offered in 1938)

Dr. Foster: Referred to the 1939 Session of the House of Delegates: Proposed amendment to the Constitution of the Michigan State Medical Society, Article 3, Section 1, by adding the following sentence:

"Membership in the County Medical Society on a basis not including membership in the Michigan State Medical Society is not recognized."

THE SPEAKER: Will somebody please make a motion to take this matter from the table.

Dr. J. M. Robb: I so move.

The motion was seconded by Dr. E. A. Oakes and the question put and carried.

Is there any discussion on this Constitutional amendment which has been taken off the table.

DR. ROBB: I know that when Dr. Dutchess and Dr. Spalding vote against this, there is a reason for it, and I would like to know what the reason is. They have studied this more than we have and I would like to have their interpretation of why they didn't want it taken off the table.

DR. E. D. SPALDING: The point is that Dr. Dutch-

ess and I feel that this is adequately taken care of in the new amendments that have been proposed today in a much better way than in the one that was held over, and believe therefore that what has been proposed today should be substituted for the other. They both accomplish the same thing. Because of that, I move that this particular amendment be indefinitely postponed to get it off the books.

The motion was seconded by Dr. Dutchess. THE SPEAKER: Is there any discussion on that

motion?

I might discuss it myself. We get this clarification year earlier by adopting this change today instead

of waiting for next year.

Dr. Dutchess: As a matter of fact, so far as active membership is concerned, it is adequately covered in the present Constitution, and if any County Society is attempting to maintain an illegal membership it would seem a simple matter for the Council to speak to them about it.

THE SPEAKER: We will go ahead and vote on the motion to permanently table this.

Dr. Urmston: I think there should be more discussion on this proposition.

THE SPEAKER: Is there anybody who wants to discuss it?

Dr. T. K. Gruber: May I ask what the motion is? THE SPEAKER: The motion was to postpone indefinitely, which is debatable.

Dr. Spalding: It is just a parliamentary procedure for getting this out of the proceedings.

THE SPEAKER: Is there anybody who cares to discuss this motion permanently postponing action on the amendment laid over from last year?

The question was put and the motion carried.

THE SPEAKER: Are there any more amendments to the By-Laws or Constitution?

C-7. PROPOSED AMENDMENT TO CONSTITUTION—RE: MEMBER-SHIP (INTERNE)

Dr. KEYPORT: I would like to offer the following proposed amendment to the Constitution of the So-

Amend the Michigan State Medical Society Constitution, Article 3, Section 1, line 2, after the first word "members" by inserting the words "junior members.

Amend the Michigan State Medical Society Constitution, Article 3, after Section 2, by inserting a new section to be known as Section 3, to read as follows:

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"Junior Members—Physicians who are Internes (or Residents) in recognized hospitals of Michigan and who hold the degree of Doctor of Medicine, or who upon completion of their internship will be awarded such degree, issued to them by an institution of learning accredited by the American Medical Association are eligible for Junior Membership. They shall be entitled to receive the publication of the Society-at such rates as The Council may, from time to time, determine. They shall not have the right to vote or hold office. With the approval of The Council, such a Junior Member, who shall have been awarded the degree of Doctor of Medicine, may be continued as a Junior Member for a reasonable period after completion of his hospital work, to permit him sufficient time to comply with the eligibility requirements of his county society."

Amend the Michigan State Medical Society Constitution, Article 3, by renumbering old Sections 3, 4, 5 and 6 to read 4, 5, 6 and 7, respectively.

The Speaker: Are there any more amendments?

X-8 and 9. PROPOSED BY-LAWS CHANGES RE: STANDING COMMITTEES

Dr. C. F. DEVRIES: I have some amendments for the By-Laws.

Amend Chapter 6, Section 2, by deleting the first paragraph and inserting in lieu thereof the following paragraph:

"The Committee on Legislation shall consist of a chairman, the President-Elect of the State Medical Society and the Chairman of The Council of the State Medical Society and members to be appointed by the President with the approval of The Council."

Amend Chapter 6, Section 5, by deleting the whole section and inserting in lieu thereof the following:

"The President shall appoint the members who shall constitute the Society's representatives upon the state committee known as the Joint Committee on Health Education."

Amend Chapter 6, by deleting the entire Section 6. Amend Chapter 6 by deleting old Section 7, and inserting in lieu thereof the following:

"Section 7. Committee on Preventive Medicine shall consist of the Chairmen of the following Committees:

Committee on Cancer
Committee on Maternal Health
Committee on Tuberculosis Control
Committee on Occupational Diseases and Industrial Hygiene
Committee on Mental Hygiene
Committee on Child Welfare
Committee on Child Welfare
Committee on Heart and Degenerative Diseases
Committee on Radio
Committee on Postgraduate Medical Education
and

and

and the Chairman of Representatives to the Joint Committee on Health Education, the State Health Commissioner; also the chairmen of such other committees as may, from time to time, be appointed to study and develop programs dealing with specific diseases.

"The Chairman of the Preventive Medicine Committee shall be appointed by the President, together with the members of all special committees, with the consent of The Council

Council.

"The duty of this committee shall be to collect, analyze and distribute information on preventive medicine, and to advise medical and other groups or individuals concerning problems on preventive medicine and public health."

Amend Chapter 6, Section 8, by deleting the first paragraph and inserting in lieu thereof the following:

"The Committee on Postgraduate Medical Education shall be appointed by the President with the consent of The Council."

Amend Chapter 6, Section 9, in line 2, by deleting the words, "consist of nine members," and insert in lieu thereof the word "be" so that the first sentence reads as follows:

"The Committee on Public Relations shall be appointed by the President with the advice of The Council."

Amend Chapter 6, Section 10, in the first line after the word "shall" by deleting the words "consist of five members" and inserting in lieu thereof the word so that the first sentence reads as follows:

"The Committee on Ethics shall be appointed by the President with the advice of The Council."

Amend Chapter 6 of the By-Laws by renumbering Sections 7, 8, 9 and 10 to 6, 7, 8 and 9, respectively.

THE SPEAKER: These amendments to the By-Laws will be referred to the Reference Committee on Resolutions.

DR. O. D. STRYKER:

Amendment to the By-laws, Chapter 6, Section 1:
Delete in item (c) the word "Public" so the item reads "(c) Joint Committee on Health Education."
Delete the words "Committee on Cancer" under item (d) and insert in lieu thereof the words "Medi-

co-Legal Committee.

Amend Chapter 6 of the By-Laws of the Michigan State Medical Society by deleting the entire Section 4, and inserting in lieu thereof a new Section 4 to read as follows:

"The Medical Legal Committee shall consist of five members appointed by the president with the consent of The Council.

"The Committee shall direct and cooperate with the Medical Legal Counsellors of all the county societies in advising members as to their rights and duties in the practice of their profession.

"They shall furnish upon application by any official Medical Legal Counsellor of a county society or a Councilor information and advice pertaining to the rights and duties of physicians in the practice of their profession."

THE SPEAKER: It seems that in these proposed amendments to the Constitution that those offered by Dr. Dutchess and Dr. Keyport might conflict, so I am going to refer these amendments to the Reference Committee to iron out. I am going to enlarge the Reference Committee on Constitution and Bylaws by adding Dr. Keyport, Dr. Spalding and Dr.

Are there any further amendments to the Constitution and By-Laws?

Is there anything else to come up under the head of New Business? If not, we will go on with the reports of the Reference Committees.

Dr. Catherwood's place is being taken by Dr. Cooksey.

VIII. Reports of Reference Committees

VIII-1. ON OFFICERS' REPORTS (I, II, III)

Dr. W. B. Cooksey presented the prepared Report of the Committee on Officers Reports. The Committee on Officers Reports finds the report of the Retiring President, Dr. Luce, a fine summary of the work done during the past year. The specific recommendations made by the President which merit further consideration were:

First, the appointment of a Committee by The Council to stimulate interest in and arrange for scientific exhibits. Your Committee wholeheartedly endorses this proposal and recommends that such steps be taken.

Second, that a fund of money be established for the aid of the widows and orphans of deceased members of the Michigan State Medical Society. Your Committee recommends that a detailed study be made by The Council as to the needs for this fund, so that further appropriate action may be taken.

Third, that this House re-affirm its support of the National Organization and that a communication be forwarded to Headquarters stating in no uncertain terms its adherence to the principles and precepts established by the House of Delegates of the American Medical Association.

Your Committee heartily endorses this recommen-

The Committee on Officers Reports has also reviewed the splendid address of the President-elect, The specific recommendation made by Dr. Corbus. Dr. Corbus that a Committee to cooperate with the two medical schools for the furtherance of a better training of internes and the formulation of as practical a curriculum for undergraduate teaching as possible, was heartily endorsed. Your Committee recommends that this matter might be properly referred to the Committee on Postgraduate Education.

The Reference Committee on Officers Reports recommends that hereafter the report of the Speaker of the House of Delegates be presented in written form so that it can be critically analyzed.

R. B. CATHERWOOD, Chairman
R. B. HARKNESS
L. W. DAY
W. B. COOKSEY

THE SPEAKER: Is there a motion that this Report be adopted?

DR. E. D. SPALDING: I so move.

The motion was seconded by Dr. E. A. Oakes and carried.

THE SPEAKER: Dr. Stryker!

VIII-1. ON OFFICERS' REPORTS (A.M.A. Delegates, IV)

VIII-2. ON COUNCIL REPORTS (V)

VIII-3. ON COMMITTEE REPORTS (Legislative, VI-1; Public Relations, VI-7)

Dr. O. D. Stryker presented the prepared Report of the Reference Committee on Reports of The Council:

This Committee realizes the amount of work performed by The Council during the past year and is appreciative of the strenuous efforts expended and the results obtained. The increase in membership of six per cent per year of the past four years cer-tainly can testify to the activity of The Council and of the benefits derived by the practicing physicians in Michigan from their membership in the Michigan State Medical Society. There has been a marked improvement in the tone and general usefulness of THE JOURNAL, and we feel that much credit is due to The Council and Dr. Dempster for this. mittee also feels that the Journal is a very important adjunct in the furtherance of postgraduate leaching

The Committee feels that the pamphlet "On the Witness Stand" has been a very effective measure in educating the public in the pernicious angles of the Wagner Bill. We recommend that The Council con-

tinue with activities of this nature. We are deeply appreciative of the efforts expended by the Chairman and the Legislative Committee and also the Executive Secretary in their close following of legislative matters and the special efforts expended by them during the past year. We recom-mend that The Council give the Legislative Committee all additional assistance, as this has proven a most effective branch of our society activities.

This Committee endorses the following Recom-mendations made by The Council from the floor in its supplementary report at this morning's session:

1. We endorse the holding of symposia by the various county medical societies to publicize the Michigan Medical Service plan, if and in what form it is passed by the House of Delegates.

2. We also endorse each county medical society's taking immediate action for the creation of county or district Social Welfare Departments, comprised of a doctor of medicine in charge and an advisory committee composed of a doctor of medicine, a dentist, and a pharmacist.

We recommend that the House of Delegates give favorable consideration to the proposed amendment to the Constitution of the Michigan State Medical Society, Article 3, Section 4, as proposed by the Wayne County Medical Society regarding associate members in lieu of junior membership for internes in the Michigan State Medical Society.

4. We heartily endorse the recommendations of The Council regarding the change in medico-legal defense and advise that they continue as they see fit in this matter.

5. We approve that the House of Delegates urge county medical societies and individual physicians to meet with United States Senators and Congressmen as recommended.

6. We recommend that the House of Delegates reaffirm its authorization of The Council to levy a capital assessment not to exceed a sum of \$5.00.

We recommend that the By-Laws be changed so that the various committees mentioned in the report of this morning's session be grouped under the Preventive Medicine Committee, the Chairman be-

ing appointed by the President.

8. We recommend that no more Sections be created in the Society, but that the work of special groups be done by the more efficient and less cumbersome method of creating additional committees of the Michigan State Medical Society. All allied medical groups should be encouraged to hold their annual sessions at the same place and co-incident with the Annual Meeting of the M.S.M.S., either directly before or after the scientific program of the M.S.M.S. This closer association will result in better coördination of medical work and service in all its branches.

Dr. Stryker: I move the acceptance and adoption of this report, and of the Reports of the Legislative Committee, of the Public Relations Committee, and of the Delegates to the American Medical Association.

The motion was seconded by Dr. A. V. Wenger

(Kent), and carried.

THE SPEAKER: We shall have the Reference Reports on the Annual Reports of Committees.

VIII-3. ON COMMITTEE REPORTS (Health Education, VI-2)

DR. A. L. ARNOLD, JR.: The Reference Committee examined the Report of the Representatives to the Joint Committee on Health Education. We move that this Report be accepted as published in the Handbook, and commend the Committee for the excellent work it has done described. excellent work it has done during the past year. I move its adoption.

The motion was seconded by Dr. Biddle and carried.

Dr. J. M. Robb: In relation to the program of health education, I would like to bring before this membership the fact that when it was my duty to Washington before the sub-committee on appear at Labor and Education, I had the privilege of using much of Dr. Bruce's effort in the development of the health education program and what Dr. Biddle and other members have done. The fact that we had for eighteen years a health education program in the State of Michigan and that for twelve years the postgraduate medical education of the State had gone on to the spirit to which it had gone 2200 had gone on to the point to which it had over 2,300 men taking it this last year was sufficient evidence to that Committee so that there were practically no questions asked of me after my presentation. So

that sometimes these efforts seem to be futile, but at the time of stress when we need to defend ourselves against people who don't understand that medical men are really striving for the best, it does come in as a very worthy help.

come in as a very worthy help.

The Speaker: Next is the Reference Report on

Cancer Committee Report.

VIII-3. ON COMMITTEE REPORTS (Cancer, VI-4)

Dr. E. A. Oakes: The Committee was asked to report on the Report of the Cancer Committee. This Committee moves that this Report as printed in the Handbook be accepted by the House of Delegates and adopted.

The motion was seconded by Dr. William J.

Stapleton and carried.

VIII-3. ON COMMITTEE REPORTS (Postgraduate, VI-6)

Dr. Oakes: Second is the Annual Report of the Advisory Committee on Postgraduate Medical Education. I think it was very evident to everybody this morning at the House of Delegates meeting, in looking this over, that we have probably one of the most outstanding postgraduate programs in any State. The Committee is commending very highly the work that this Committee has done. We move the acceptance of this Report as printed in the Handbook.

The motion was seconded by Dr. W. R. Torger-

son and carried.

VIII-3. ON COMMITTEE REPORTS (Ethics, VI-8)

DR. OAKES: Re the Report of the Ethics Committee, our Committee moves the adoption of the report as printed in the Handbook and the Supplementary Report offered to this Committee by the Chairman.

The motion was seconded by Dr. C. F. Snapp and

carried.

THE SPEAKER: Dr. Woodworth will render the Reference Report on the Preventive Medicine Committee Report.

VIII-3. ON COMMITTEE REPORTS (Preventive Medicine, VI-5)

Dr. W. P. Woodworth presented the prepared Report of the Reference Committee on Resolutions:

Under the title of the Annual Report of Preventive Medicine Committee, Item 3, regarding Medical Director, it is felt that the request for funds for the employment of a full-time medical health director is not necessary because of the appointment of Dr. Wheeler by the State Department of Health as liaison man in pediatrics under Dr. Smith and representing the Michigan State Medical Society.

representing the Michigan State Medical Society.

Under Item 5, Football Injuries, Section 5B regarding x-ray of chest as a routine measure, it is recommended that this procedure be limited to a

flat film.

Section 5C regarding the presence of a doctor of medicine or senior medical student, it is felt that this should read simply a doctor of medicine, because of the impracticability of a senior student being available.

Under Item 7 regarding the vision and hearing projects, it was felt that this matter should be approached with considerable caution and it is recommended that the sub-committee for further study be continued.

It is recommended that the Commission on Infantile Paralysis be commended for their valuable work, especially in the recent epidemic.

Regarding the report of the advisory Committee

on Syphilis, it is felt by This Committee that the recommendation that venereal diseases be included in the medical service plan be given serious consideration by the House of Delegates.

Dr. Woodworth: I move that these recommenda-

tions be adopted.

The motion was seconded by several.

Dr. Ralph H. Pino: I would like to discuss that just a little. I do not mean in any sense to embarrass The Council in whose hands that matter of the hearing and vision tests has been thrown. They may arrive at the conclusion just as we arrived at the conclusion in Detroit that to give that little leeway for the sake of harmony might be a good thing. They may find that they will have to go through with that, and they may find obvious reasons why they should.

I only wanted to call attention to the extravagant use of money for things that are not emergencies when there are emergencies that should have money to carry them forward. I hope that is understood. They may find it necessary to go through with that WPA project and we want to stand right by them if, in their judgment, it needs

to be carried out.

Dr. E. D. Spalding: I would like to know whether the reason for this effort is to improve the health of the children of the schools or to spend money for WPA. If it is the latter, I am against it.

The Speaker: The Chair's interpretation of it

THE SPEAKER: The Chair's interpretation of it is that it is to remove 1,300 people from the relief

rolls.

Dr. Spaulding: And put them on the necks of

the rest of us.

Dr. L. O. Geib: I want to ask your tolerance to discuss that. This hearing and vision project was a WPA project and they asked for a hearing before the Preventive Medicine Committee. The head representatives attended that meeting and it was very fairly discussed. As Dr. Spaulding stated, it seemed to be largely a matter of spending WPA money. At least that seemed to be the feeling of the Preventive Medicine Committee. Therefore, the sub-committee was appointed to study the project further. We didn't want to railroad the thing without giving them a fair hearing.

So, with that thought in mind, a committee, I think, of about seven was appointed to study the matter and give it more serious consideration. Since then, I understand that the affair has been changed to make a survey of Wayne County rather than

the State.

THE SPEAKER: Is there any further discussion? DR. WM. P. WOODWORTH: With regard to that last item, I don't know whether this is the proper time to discuss it, but there should be some considerable discussion in regard to the inclusion of venereal disease in this service plan because there is a possibility that it might seriously disarrange some of the plans.

This will probably come up for further consideration when Dr. Umphrey brings in his report on the Michigan Medical Service. Therefore, if it goes through as a recommendation of your particular committee, it will still have to be taken up by

Dr. Umphrey's committee.

Dr. Loren W. Shaffer: I simply wanted to say that I think it would be a nice gesture for the medical profession itself to recommend the inclusion of venereal diseases in such a treatment program. If the Commissioner of Insurance throws it out, the responsibility then is out of our hands, and I think the medical profession can make that statement, that we desire to include these cases but were told it was an impractical measure.

Dr. J. M. Robb: I feel that way definitely, too. We have to keep an ace in the hole if we can. Dr. P. R. Urmston: The Council will accept such

a proposition in that manner as a suggestion to The Council for further consideration.

THE SPEAKER: Is there any further discussion? DR. G. L. McClellan: I would like to ask why tuberculosis was excluded from this report. It seems to me that many cases of tuberculosis are not going to require any longer continued care than cases of undulant fever.

THE SPEAKER: I can't answer your question. Are there any further questions?

The question was put and the motion carried.

XI-1. RESOLUTION: SPECIAL MEMBERSHIPS

DR. A. E. STICKLEY: Ottawa County presents the name of Milan Coburn, M.D., of Coopersville to be granted retired membership. Dr. Coburn has practiced medicine forty-six years and has been a mem-ber of the Michigan State Medical Society for thirty-two years.

THE SPEAKER: This will be referred to the prop-

er Reference Committee for action.

DR. R. L. WADE: The delegate from Branch County wishes to recommend the name of Dr. A. G. Holbrook as a member Emeritus to the Michigan Medical Society. It is my understanding that Dr. Holbrook has been in active practice for over fifty years and has maintained his membership in a medical society for over twenty-five years.

The Speaker: This will be referred to the prop-

er Reference Committee.

DR. J. M. Robb: Relative to the matter of the Emeritus members, I believe that since it is necessary for the recommendations on the change of the Constitution to be held over for a year some discussion should be made from the floor relative to what will necessarily have to be the qualifications for Emeritus membership. If the exigencies of war or sickness or some of those things remove from them the continuous period of membership, then that thing should be properly adjusted at this time and not at a later date. That is all I wanted to say now.

THE SPEAKER: Inasmuch as we have to wait for this large Reference Committee to get through with their work and come back, we will take a recess

for a few minutes.

Recess

The Speaker: The House of Delegates will now come to order. The session will be resumed. We will now hear from Dr. Umphrey.

VIII-2. COUNCIL REPORTS RE: MICHIGAN MEDICAL SERVICE (V)

Dr. C. E. Umphrey presented his prepared Report of Reference Committee on Standing Committees re "Michigan Medical Service":

Your Reference Committee wishes to commend Doctor Pino and the Committee on the Distribution of Medical Care for the tremendous amount of work they did in gathering the information necessary to complete our present Michigan Medical Service plan. The Committee is further aware of the great number of meetings and vast amount of work done by The Council and Executive Committee. We, therefore, wish to express our appreciation and thanks on behalf of the Michigan State Medical Society Delegates for the valiant service ren-

The first item of discussion which came before the Committee was whether or not such a plan is

needed. The membership of the Committee was in accord that some plan must be completed at this time.

In view of the discussions, both formal and informal, which preceded the Committee meeting, we wish to invite your attention to the following suggestions which are here listed for The Council in its efforts to complete as nearly a perfect and workable plan as possible.

Item 1, under "income limit" page 2-Although it was thought by the Committee that the income limit of \$2,000 is too high, no feasible suggestion could be offered in view of the requirements of the Insurance Department.

Item 1. page 4—The distribution of subscription rates was considered and it was hoped that a more equitable schedule could be arranged for a single subscriber.

Item 1, page 3—That further consideration be given to that clause which requires the subscriber to pay for the first five dollars of service he receives.

Item 1, page 3—Whereas no data are yet available on the items of mental, nervous, cancer and venereal diseases, it is respectfully suggested that diligent consideration be given the actuarial facts surrounding this group during the coming year with the hope

of inclusion of these conditions at some future date.

Item 2, Article X, Section 3, page 7—The Committee expressed the hope that The Council will make further endeavor to clarify the implied obligation of participating physicians and that a clarifying clause be inserted in Item 7A as soon as legal opinion can be obtained.

Item 3—no comments.

Item 4, page 2, Part II, in the paragraph reading "Medical services in the following amounts" delete the word "in" and insert in lieu thereof the words 'up to.

Item 4A—under personal history, we suggest an added Item no. 12 as follows: "My personal income is not in excess of \$2,000 per year."

Item 4B—under personal history, we suggest an additional Item no. 12 as follows: "The total family income of those participating under this certificate is not in excess of \$2,500 per year."

Item 4C-It was suggested that the effective date of the certificate be placed on the subscription card. Item 5, page 2, part II, the same correction is here noted as has been reported in Item 4.

Item 6, page 2, following the paragraph "These instructions and fees may be changed by the Medical Advisory Committee when warranted by the particular circumstances surrounding the services for a patient." At this point, add "It is to be noted that these fees are not commensurate with the usual charges made for the services herein listed. addition, discrepancies in the fee schedule were noted and it is hoped that over a period these errors may be corrected. In accordance with a study made and cited before the Committee by Dr. Scott of New Jersey, they have decided to eliminate the fee schedule excepting inasmuch as it covers office, house and hospital calls. It is further suggested in the New Jersey plan that special services be compensated for according to the prevailing charges as are locally in vogue and as are reviewed and approved by the Medical Advisory Committee of that locality.

The rest of the items were reviewed with no controversies arising.

Mr. Speaker, I move that The Council be empowered to complete the present plan entitled "Michigan Medical Service" and that The Council also be empowered to put this plan into operation.

Mr. Speaker, I move the acceptance and adoption of this Report.

The motion was seconded by several.

The Speaker: Is there any discussion on this motion or this Report?

PRESIDENT LUCE: Mr. Speaker, what does it mean if we adopt this?

THE SPEAKER: It means we don't throw it out. Dr. Umphrey plans to make a second motion after this one is over with.

DELEGATE: What is the nature of this second mo-

THE SPEAKER: We can make but one motion at Is there any discussion on the motion?

DR. WM. S. REVENO: Could Dr. Umphrey elaborate a little more for us with regard to the suggestion made by Dr. Scott of New Jersey? Can we include a fee schedule here that is not as complete as the one contemplated and still meet the requirements as set forth by the Insurance Commis-

Dr. UMPHREY: I don't know whether we can get by the requirements of the Insurance Commissioner or not. That is going to be a problem that will face The Council. However, we offer those suggestions.
The Committee did not feel that anything should be attempted for a complete fee schedule. they were very much against it. They even feel that this fee schedule, although it may be representative

of a small number of fees, is probably even more than we want, and that is why I cited the action that they have taken in New Jersey as stated by Dr. Scott.

Would you care to hear any further discussion on

what they have done out there from Dr. Scott? Dr. Reveno: I think it would be a good idea perhaps to go into that phase of the question a little. If I sense the feeling of most of the men who have been interested in this problem, I think most of us have been reluctant to harness the profession with a fixed fee schedule that will very likely become public property in a comparatively short period of time, and if there were some way that could be devised whereby we could get around that particular difficulty, I am quite certain that much of our reluctance in entering into this sort of plan could be eliminated.

Dr. UMPHREY: Dr. Scott, would you care to tell the membership what you have done in New Jersey?

DR. Scott: Mr. Chairman and Gentlemen: This point which was brought up in the Reference Committee, of course, is a very controversial thing everywhere. Let me limit my remarks simply to the fee schedule. We have worked for ten months in Nw Jersey on a fee schedule. It came up at every committee meeting and we looked into the studies made by other state societies which have adopted fee schedules, particularly the Toledo Plan, where they adopted a fee schedule after consulting with every group of practitioners in every locality in that state and they finally worked out what they hope will be a very complete fee schedule adaptable at different rates at different parts of the state and satisfying all groups in different parts of the state. It didn't appeal to us. It was a little too complicated. But when we try to make it simple, we can't satisfy the groups in northern and southern New Jersey and neither can we satisfy the groups in any one locality. We had their experience to go by. have the Emergency Relief Administration which is very successful in New Jersey. There, all fees were reviewed by a medical advisory board each month. It was a tremendous task for this committee. We believe that by stating what the office call will be, what the house call will be, and what the hospital call will be, we shall have included 90 or more per

cent of the total bills, the contents of all the bills. Special services, operative services, will constitute not more than 10 per cent, probably much less than that, so it will leave that percentage of the bills to be approved by the Medical Advisory Committee of these county branches, which is part of our plan. That wouldn't be a tremendous task. They will approve of any fee which is commensurate with the usual fee for that class of persons in that community, and we will pay upon the basis of their approval. Of course, if any man wants to appear before this committee, if it is a special case and they have cut him down and he believes he is entitled to more, they will hear him on that, but we hope and we believe that the average physician in a County Society will respect the opinion of a group of men in whom he has trust and faith to give an honest opinion.

It was satisfactory under ERA, and it is our present basis for a fee schedule until experience tables tell us what a proper fee schedule for that class of people will be, possibly in a year or two. We have to depend upon the medical profession for that amount of cooperation or our plan is a failure. We don't know what our receipts will be. We don't know what our expenditures will be. The difference, the buffer between those two, must be absorbed by the medical profession, and if there is a loss, that is their contribution to this experiment. I would be glad to try to answer any questions.

Dr. A. E. STICKLEY: Is your plan the same as

Dr. Scott: We could go into a long discussion on that. Of course, it is a non-profit voluntary health plan. Our organization is a little different than yours. The thing which impressed me most-that is, the greatest difference—is our organization. We try to separate our corporation from our plan in our own thoughts and in the thoughts of the physicians of the State. They are the plan. The corporation consists of nothing but our Board of Trustees of seven members, who are appointed by the Trustees of the Medical Society. That is the corporation. The function of that corporation is purely administrative. The function of the plan is the distribution of medical care. The corporation has nothing to do with anything except finances. Of course, that is the same in your plan, but we try to make it more explicit so that there is no connection between the corporation and the plan except where the corporation signs the checks. They don't care what the doctors do. They are in the plan, have no voting power in the corporation; they are not members of the corporation. You pick men in whom you have faith and in whom you have trust and let them put this thing over. So we differ in that respect from you as an organization. It is controversial. I don't know whether yours is better or ours is better. We felt the fewer men we had to make a decision, the more apt we were to get a quicker decision. All plans are different. That is just our idea. If yours is better than ours, we can change to yours at the end of a year. There are other little differences, but the basic difference, I There are

think, is that.

Delegate: This is under the control of the New

Dr. Scorr: It is. All five members of the Board of Trustees are appointed by the Trustees of the Medical Society. We have two lay members who are appointed by the Trustees of the Medical Society. ciety. So it really reverts back to the House of Delegates of the Medical Society in the final anal-

DELEGATE: Are your rates the same?

Dr. Scott: No. our charges are a little different. Do you mean our subscription charges?

DELEGATE: Yes.
Dr. Scott: They sum up for a family of four the same as yours. They are distributed a little differently. We charge \$1.50 for the subscriber, \$1.25 for the wife, and \$1.00 for the child, and it amounts to \$4.25 for a family of four. But if there are five, six or seven, it is 50 cents a month for each addi-

DELEGATE? How long has this been in operation? DR. Scorr: It hasn't been in operation yet. That is the trouble with all of our plans. We were ready to go this fall. We had been told by the proper authorities that we could incorporate under an old statute governing the establishment of non-profit corporations the same as our hospital plan, which is very successful and which operated under this old statute for two years. Then they took them in under a blanket insurance and applied special legis-Ten days ago, we received word from the Attorney General that he thought we would have to have special legislation. We hope that it will go to the Legislature for this session. That is the monkey wrench in our machinery.

THE SPEAKER: May I ask the speaker how much

of this fee schedule they publicize?

DR. Scott: When I say we have no fee schedule, I mean this: We guarantee no fee schedule. If you can't guarantee a fee schedule, why have it? But there will be an informal skeletal fee schedule for the deliberations of the County Advisory Committee and for the Medical Director. Naturally, we are not going to pay \$250 for a laparotomy. We will make it a reasonable figure—something like yours, perhaps, \$75, or whatever in that particular community the Medical Advisory Committee considers as a just fee. They will have a guiding scale to go by but it will not be a formal fee schedule.

DR. H. F. DIBBLE: Is it necessary to have a fee schedule to fulfill the requirements of the Enabling

Act?

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THE SPEAKER: Last winter the delegates wanted to know how much they were going to get, and the only way you could tell was by printing a fee schedule.

MR. LAUX: I believe that the fee schedule is not required under the Enabling Act, but I think there is no disagreement between the proposal as outlined by the speaker from New Jersey and the suggested arrangement here. They are one and the same. This fee schedule which is proposed is simply to indicate to the physicians of the State the proposed level of payments that will be used as a guide by the Medical Advisory Committees in the various localities. This is not a fixed and inflexible fee schedule; it is not a mandatory payment schedule. So it has the same purpose exactly as the short schedule, which Dr. Scott mentioned. Also there will be a longer schedule prepared for the use of the Medical Advisory Committee, but the prevailing charges in the community will be reported by the physician.

In the last discussion on this matter, the point was brought out and was introduced here this morning, that the Council recommended in the billing for payments that the physician indicate the items of service which he has rendered and the prevailing charges in the community for those services which are not listed in the schedule. With that information of the prevailing charges in that community and supplemented by this Schedule of Fees which will be composed of all available information on fees, the Medical Advisory Committee can then arrive at a payment of an equitable fee for the service rendered taking into consideration all the sur-

rounding circumstances. That is the procedure under which every medical service plan has contemplated operation, and is the procedure here.

THE SPEAKER: Is there any further discussion on

Dr. Umphrey's motion?

Dr. Computers's motion:

Dr. F. T. Andrews: May we have a decision from the Chair on this question: If we pass this motion, does it compel The Council to incorporate

in its plan these suggestions?

The Speaker: Not necessarily. It expresses the wishes of the House of Delegates to The Council, and then The Council is to be guided by these wishes. If, at the next meeting of the House of Delegates, The Council has not lived up to our wishes, then we can elect new Councilors.
Dr. H. G. Huntington: I move amendment of

the motion by the deletion of the word "adoption."

The motion was seconded by Dr. L. J. Hirschman. The Speaker: The motion is that we take the word "adopt" out of Dr. Umphrey's motion.

DELEGATE: How will it read?

THE SPEAKER: Dr. Umphrey, will you read it? Dr. UMPHREY: Then the motion will read: I

move the acceptance of this Report.

Dr. E. D. Spalding: You may accept the Report and adopt it, and they are synonymous. If you receive it, you do not accept it. If you accept it, you adopt it. That is in Robert's Rules of Order, regardless of what the Chair rules.

THE SPEAKER: The Chair would think that the words "accept" and "receive" would be synonymous.

Dr. RALPH H. Pino: I would like to ask the meaning of the Reference Committee. If you know what their meaning is, what matter to us what these words may mean? What is the meaning of the Reference Committee?

DR. UMPHREY: The meaning of the Reference Committee is that they have studied this plan and they are making suggestions to The Council as an aid in their study and a help in their completion of

this plan.

DR. PINO: Let me put it this way: We do understand, do we not, that you advise The Council or you advise the Delegates that they accept this plan and put it into operation? Is that the meaning of your motion or hasn't that come yet?

Dr. UMPHREY: The acceptance of this Report is the Committee's Report only. There probably will be a further motion as to what you are inquiring

Dr. Pino: I wonder if that is understood. We believe your meaning is right, but there is a possibility of confusing the issues by these various questions and various changes. I wish we might have this clarified. Dr. Luce asked, "What is the meaning of this?" and the answer comes back, that the meaning will be stated later. I have absolute confidence in the Committee's report but confusion is already de-

veloping.

DR. P. R. URMSTON: I think the Chairman of the Council and The Council will understand the meaning now of the recommendations of the Committee in furthering the Michigan Medical Service Plan, and if the recommendations are feasible and meet the approval of the Insurance Department or the Attorney General's Department we shall be very glad to make those changes. That is the recommendation from the Committee and I think we fully

understand that.

THE SPEAKER: Dr. Spalding was right. "Accept" and "adopt" mean the same thing according to Robert's Rules of Order.

Dr. P. L. LEDWIDGE: I see no reason why we should quibble. We are not voting on adopting the plan; we are voting on this report.

THE SPEAKER: If Dr. Huntington will withdraw his amendment, and Dr. Umphrey will withdraw his motion, then Dr. Umphrey can bring in a new motion properly worded.

Dr. H. G. HUNTINGTON: I will agree to the withdrawal of my amendment.

THE SPEAKER: The withdrawal is received.

DR. UMPHREY: I withdraw my motion.

THE SPEAKER: Dr. Umphrey agrees to withdraw his motion, and he will bring in a new motion.

Dr. UMPHREY: Mr. Speaker, I move that the Report of the Committee be received.

The motion was seconded by Dr. A. E. Stickley. The Speaker: Is there any discussion? Dr. Ralph H. Pino: I want to ask this other

question. Are we voting at this time on putting this Plan into operation?

THE SPEAKER: We are merely voting on receiving

this Committee's Report.

Dr. Pino: That is what I thought, but there are those who do not understand what we are voting on.

DR. W. B. COOKSEY: Mr. Chairman, I would like to speak in defense of a portion of the Committee's Report which, it seems to me, is pertinent to our considerations at this point and not at a later point particularly. That is the recommendation that this Committee has made concerning the fee schedule, which, after all, is probably one of the most difficult parts of this plan if not the most difficult. The plan which is recommended by this Report on which we are to vote is that the previous fee schedule presented to us be altered and simplified to specify only items which have been enumerated. This Report appeals to me as being a very fair way to handle the problem. Therefore, I would speak in its behalf. Our objective in this problem of creating a medical service insurance is that, first of all, we want eventually to solve the problem of the low income group. We do not reach that extremely low income group, which we call the borderline case, with this plan as it now exists. Eventually, however, we would hope to evolve such a plan. same time that we would desire to cover this very low or borderline group of incomes, we would greatly like to keep the monthly cost to the insured at a very low level, which means that there are certain balancing factors which we must take into consideration. A further balancing problem is that we must prevent this fee schedule from interfering with the prerogative of private practice, and this plan which our Committee has presented it seems to me is admirable in that direction. It specifies nothing that could in any way interfere with private practice if the approach as far as the public is concerned to this problem is properly handled so that they understand this is a special setup which we are trying tocreate so that we may eventually reach this border-line group, which is so important if we are to meet the criticism which is leveled against us. Furthermore, we must take into account as a balancing consideration at this time the fact that if we are in a position to offer this service as a Medical Society, we are placed in a strategic position that is far better than if we do not, that is far better than having a hands-off policy, as far as any protection be-yond that of State or Federal interference is con-

I am familiar with a plan which I am sure some here are also very familiar with. I refer to the Baker Memorial Insurance of the Massachusetts General Hospital. I have several very good friends there and I am constantly trying to get information from them. They are practicing physicians in Boston and when I see them I always ask them, "How do

you like the Baker Memorial Insurance? Do you find that it is a contribution to you in your private practice?" I have yet to find any of my friends who are participating in that plan who do not like it. I don't say I know all about that plan. I am citing

only a personal experience. The Baker Memorial Insurance is a plan which provides, for this very low-income group, medical service at a cost this low-income group can afford to pay. The crux of the plan, which is applicable to what we are now considering, this fee schedule, is that no patient who enters the Baker Memorial Hospital for care, regardless of how much medical service he receives, is ever charged in excess of \$150 for his medical service, which means that he may have, if needed, consultation, surgery, and whatnot for that one price. I wonder if in considering this problem of the fee schedule as our Committee has presented it to us it wouldn't be decidedly worth while to also consider if this problem of a medical fee might get out of bounds, might raise our monthly rates to the indigent and therefore interfere greatly with the ones that we are anxious to touch, namely, the borderline patient whose income is \$1,000 a year or less. I wonder if that might eventually enable us to truly reach that group.

I would, therefore, suggest that when this Report goes to The Council that the problem be considered of setting such a maximum for any one given illness without then attempting to specify any fee for an appendectomy or anything else and leave that, as the Committee has recommended, to the practice of the

given community.

THE SPEAKER: Is there any further discussion on

the motion to receive this Report?

The question was put and the motion carried. Dr. Umphrey: Mr. Speaker, I move that The Council be empowered to complete the present plan entitled, "Michigan Medical Service," and that The Council also be empowered to put this plan into operation.

The motion was seconded by Dr. A. P. Biddle.

THE SPEAKER: Is there any discussion?

The question was called for.

THE SPEAKER: We are going to vote and if you are not satisfied, forever hold your peace.

The question was put and the motion carried. (Applause)

VIII-3. ON STANDING COMMITTEES

(Distribution of Medical Care, VI-3)

Dr. UMPHREY: I move that the report of Dr. Pino's Committee on Distribution of Medical Care be adopted.

Motion was seconded by several and carried.

THE SPEAKER: I want to take this opportunity to thank Dr. Umphrey and his Committee for the tremendous amount of work they have done. They went over every word written about this Plan and the Outline.

A motion to recess until eight o'clock is in or-

der. On motion regularly made, seconded, and carried, the meeting recessed at six o'clock.

Recess

Monday Evening Session September 18, 1939

The meeting convened at eight-thirty o'clock, with the Speaker, Dr. Philip A. Riley, presiding.

THE SPEAKER: Will the session please come to

order? Dr. Urmston, is there any supplementary

order? Dr. Urmston, is there any supplementary report from The Council?

Dr. P. R. Urmston: Mr. Speaker, there is no supplementary report as the House of Delegates did not refer anything to The Council today for opinion. But I want to take this opportunity to thank Dr. Umphrey and his Committee and the Delegates for the efficient way they handled Michigan Medical Service today, which shows that you igan Medical Service today, which shows that you still have confidence in the Officers of the Michigan State Medical Society, and we appreciate it very much. Thank you!

THE SPEAKER: Thank you, Dr. Urmston.

VIII-3. ON COMMITTEE REPORTS (Radio VII-4; Woman's Auxiliary, VII-3; Liaison Committee with Hospital Association, VII-5; Liaison Committee with State Bar, VII-6)

Also VIII-4. ON RESOLUTIONS (Radio Advertising, XI-3)

DR. R. M. McKean: Your Reference Committee on Resolutions met and considered the reports of the Radio Committee and of the Advisory Committee to the Woman's Auxiliary, the Liaison Committee with the Hospital Association, and the Liaison Committee with the State Bar of Michigan. The Committee approves in toto the reports of these committees and in addition recommends the adoption of the special Resolution of the Radio Com-

Dr. Penberthy read this report this afternoon. The adoption of this resolution is recommended by your Reference Committee. I move the acceptance of the Report of the Radio Committee. This does not include the resolution.

The motion was seconded by Dr. G. H. Southwick

and carried.

Dr. McKean: I move the acceptance of the Report in the Handbook of the Advisory Committee to the Woman's Auxiliary.

The motion was seconded by Dr. H. W. Wiley

DR. McKean: I move the acceptance of the Report of the Liaison Committee with the Michigan Hospital Association.

The motion was seconded by Dr. Wm. J. Stapleton

and carried.

DR. McKean: I move the acceptance of the Report on the Liaison Committee with the State Bar of Michigan.

The motion was seconded by Dr. John A. Wes-

singer and carried.

Dr. McKean: And we have recommended in addition the passage of the resolution which was submitted by the Radio Committee in regard to a conference between the broadcasting companies and the medical profession, and I move the adoption of that

The motion was seconded by Dr. A. V. Wenger

and carried.

THE SPEAKER: Dr. Arnold!

VIII-3. ON COMMITTEE REPORTS (Mental Hygiene, VII-2; Maternal Health, VII-1; Nurses' Training Schools, VII-9; Membership, VII-7)

Dr. A. L. Arnold, Jr.: Report of Reference Committee on Special Committees.

We move that the Report of the Mental Hygiene Committee, as published in the Handbook, be accepted, and the Committee commended for its ex-

cellent work during the past year.

The motion was seconded by Dr. Wm. J. Staple-

ton and carried.

Dr. Arnold: We move that the Report of the Maternal Health Committee, as published in the Handbook, be accepted, and the Committee commended for its excellent work during the past year.
The motion was seconded by Dr. H. W. Wiley

and carried.

Dr. Arnold: Report of the Advisory Committee on Nurses' Training Schools: In view of the increasing need for nurses in small hospitals and the fact that so little progress was made by the Committee in the past year, we feel that the work should be continued for another year. I so move. The motion was seconded by Dr. H. W. Wiley.

The question was put and the motion carried. Dr. Arnold: We move the acceptance of the Report of the Membership Committee as published in

the Handbook.

The motion was seconded by Dr. F. E. Reeder

and carried.

THE SPEAKER: Dr. Arnold, could you tell us anything about the Nurses' Aid which is being developed in some of our smaller hospitals in the State?

DR. ARNOLD: We have the Nurses' Aid in our hospital. They are young girls, usually high school girls, who do some of the work that nurses usually do but they don't have any of the care of the

patients. They simply bring water and food and take away things, and so forth.

The Speaker: You know, this was brought up a few years ago by Dr. Arnold in the House of Dele-The Nurses Association had made the rules so strict that certain smaller hospitals throughout the State found it very difficult to keep their doors open. They couldn't afford to hire graduate nurses, and if they could, they couldn't find them.

In the meantime, a new type of individual, called the Nurses' Aid, has been developed in two or three hospitals around the state and it seems to answer the problem. I am going to ask Dr. Foster to ex-

plain it to you.

DR. FOSTER: In several parts of the State, this idea of Trained Attendants (as they are called) was developed. In these small communities where these trained attendants are getting a year's training and so many hours of class-room work and actual bedside nursing, they are rendering a necessary and satisfactory type of service, and are much in demand because their prices are reasonable and most of them are girls who have had an ambition to be a nurse and who, for various reasons, have found it impossible and have gone into this activity with a serious attitude. Even people with means are demanding two trained attendants-I think they get \$4 a day instead of \$7.
Dr. E. A. OAKES: That is correct, Dr. Foster.

THE SPEAKER: There is still some work to be

done on this Nurses Training.

Dr. W. F. Mertaugh: This affects our hospital very much. In fact, we have such a hard time getting nurses that a good portion of our nurses have to be taken from across the river. Our aids do not fill the bill there. There isn't much of a program of preparation for these girls. We tried getting nurses from Detroit, Grand Rapids, and Chicago, but a lot of the girls coming from the larger cities are not satisfied with a town of our size. They stay a short time and then they depart. So we are right up against it. We are very much in favor of making some change if possible.

THE SPEAKER: Dr. Stryker.

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VIII-4. ON RESOLUTIONS (Neutrality, XI-4)

DR. O. D. STRYKER: Mr. Speaker, your Committee is in accord with the Resolution introduced by Dr. Ralph Pino concerning United States neutrality and recommends that the resolution be referred to The Council for proper action.

I move the acceptance and adoption of that Re-

port.

The motion was seconded by Dr. A. V. Wenger and carried.

VIII-4. ON RESOLUTIONS (Special Memberships, XI-1)

Dr. Stryker: Recommendations for Membership Emeritus for the following members are approved: Drs. W. H. Riley, John Harvey Kellogg, C. C. Landon of Battle Creek, Dr. George L. Cramer of Owosso, Drs. Don M. Campbell, Wm. M. Donald, Stanley G. Miner, and Rollin H. Stevens of Detroit, Dr. A. G. Holbrook of Branch County and Dr. J. B. Bradley of Eaton Rapids. For Retired Membership: Drs. Walter E. Spicer and Henry Gray Glover of Jackson; and Milan Coburn of Coopersville.

I move the acceptance and adoption of that Re-

port

The motion was seconded by several. Dr. Stryker: In the case of Dr. George C. Hafford, he is already an Emeritus Member of the State Society, but he would like to be an Affiliate Fellow of the American Medical Association, and the resolution was that he be recommended to the American Medical Association for this membership.

The question was put and the motion carried. THE SPEAKER: Is there anything to come up un-

der the head of New Business?

We were to have an outside guest speaker today in the person of Mr. M. S. Van Giesen. He is President of the Michigan State Association of Supervisors and Superintendents of Poor. We have a telegram from him as follows:

"Had hoped until the last moment I could attend your convention today. Must express regrets. I am unable to do so. However, on behalf of our State Association and for myself personally I am expressing appreciation for all past coöperation and assuring you and your Society of our continued assistance that our mutual problems will be worked out satisfactorily to all concerned.

M. S. VAN GIESEN."

XII. Elections

XII-1. COUNCILOR OF 14TH DISTRICT

We shall proceed with the election of officers, such as Councilor of the Fourteenth District. We will appoint two Tellers: Dr. Pino and Dr. A. V. Wenger. Nominations will now be open for Councilor of the Fourteenth District. Dr. Howard H. Cummings is the incumbent.

Dr. John A. Wessinger: I rise to nominate Dr. Howard H. Cummings as Councilor of the Fourteenth District to succeed himself. He has done splendid service on the Council and we feel that

he should be continued.

The nomination was seconded by Dr. H. W. Wiley, Dr. R. M. McKean, Dr. Grover C. Penberthy and Dr. A. W. Chase.

DR. HARVEY HANSEN: I move that the nomi-

nations be closed.

The motion was seconded by Dr. Dean Myers. THE SPEAKER: We shall vote on that motion. The question was put and the motion carried.

THE SPEAKER: Dr. Cummings has been elected Councilor to succeed himself. (Applause)

DR. L. J. HIRSCHMAN: I rise to a point of order. Dr. Cummings has been nominated but not elected. I move that the Vice Speaker cast the unanimous ballot of this House for the election of Dr. Cummings as Councilor of the Fourteenth District.

The motion was seconded by several and carried. The ballot was cast by Vice Speaker Hoffman. THE SPEAKER: Dr. Luce just informed me that he has received the resignation of Dr. Urmston as Councilor of the Tenth District. Nominations are now in order to fill the vacancy.

Dr. P. R. Urmston: As I am only a private citi-

zen now

THE SPEAKER: Are you a Delegate?
Dr. Urmston: I am not a Delegate, but this is an unusual circumstance. There is no Delegate present from Alpena County. The Alternate failed to show up and he sent a telegram, which I shall read.

Dr. Urmston read the telegram.

Dr. Urmston: In a conference of the delegates held in Bay City last Wednesday, they came to a decision, and now I have this telegram from Alpena. As they cannot be here to make the nomination, and as Dr. Keyport seems to have disappeared, I am going to call on Dr. Penberthy.

XII-2. COUNCILOR OF 10TH DISTRICT

Dr. Grover C. Penberthy: Mr. Speaker and Delegates: I am sure it is with regret that Dr. Urmston is resigning as Councilor. We all owe a great debt to his interest and his work; as Past President of the Society, I voice myself in appreciation of his earnest endeavor to carry through the program of the State Society as outlined by the House of Delegates. He has been a faithful Councilor. To succeed him, I would like to place in nomination the name of Dr. Roy C. Perkins, who has been a member of the House of Delegates for a great many years, and who has been active in his local Society as well as in the State Society.

I take pleasure in placing before you the name of Dr. Roy C. Perkins to succeed Dr. Urmston.

The nomination was seconded by several. DR. W. C. ELLET: Councilors must be nominated by somebody from their own Councilor District.

DR. URMSTON: There is no Delegate from the

District and we can ask Dr. Penberthy who is a Dele-

gate to nominate him.

The Speaker: Inasmuch as there is no Delegate from that District to nominate Dr. Perkins for Councilor, the Chair rules that the House must suspend its By-Laws in order for somebody else to nominate Dr. Perkins. I will entertain a motion for suspension of the By-Laws to nominate Dr. Perkins.

Dr. Eller: I so move that the By-Laws be sus-

pended.

The motion was seconded by Dr. Wm. J. Staple-

PRESIDENT LUCE: I doubt your legal right to suspend the By-Laws.

THE SPEAKER: It is the House that suspends them. PRESIDENT LUCE: That can be left as a vacancy and the incoming President can nominate Dr. Perkins to fill the vacancy after he takes office, and the Executive Committee can approve that and he will then be the Councilor.

THE SPEAKER: There is a motion before the House to suspend the By-Laws.

The question was put and the motion carried. THE SPEAKER: We will now entertain a motion to nominate Dr. Perkins.
Dr. Grover C. Penberthy: As the stenographer

no doubt has what I have already said, I would ask that that be accepted as my nomination speech.

The nomination was seconded by Dr. L. J. Hirschman.

Dr. O'MEARA: I move that the nominations be closed.

The motion was seconded and carried.

Dr. Hirschman: I move that the Secretary cast the unanimous ballot for the election of Dr. Per-kins as Councilor for the Tenth District.

The motion was seconded by Dr. H. W. Plagge-

meyer and carried.

The Speaker: The Secretary does so cast, and I now declare Dr. Perkins the Councilor for the Tenth District.

Dr. E. R. WITWER: I move that the By-Laws

be reinstated.

The motion was seconded by several and carried.

XII-3. DELEGATE TO A.M.A.

THE SPEAKER: We will now have nominations for Delegate to the A.M.A. to succeed Dr. L. G. Chris-

Dr. H. W. WILEY: I wish to place in nomination the name of Dr. Leo G. Christian of Ingham County to succeed himself as delegate to the A.M.A. You all know the amount of work he has done on the Legislative Committee for this body. He has been a delegate for the last two years and is now President of our County Society, and I think he deserves to be returned to the A.M.A.

The nomination was seconded by Dr. LaBine, Dr. Welch, Dr. Grover C. Penberthy and Dr.

Dean Myers.
DR. W. C. ELLET: I move that the nominations be closed.

The motion was seconded and carried.

Dr. L. J. Hirschman: I move that the Secretary cast the unanimous ballot for the election of Dr. Christian as Delegate to the A.M.A.

The motion was seconded by Dr. Wm. J. Staple-

ton and carried.

THE SPEAKER: Dr. Oakes, will you proceed with

your Report?

DR. E. A. OAKES: I shall present these Resolutions in the order in which they came as amendments to the Constitution and amendments to the By-Laws and two reports that were presented to this Committee for their consideration.

VIII-3. ON COMMITTEE REPORTS (Iodized Salt, VII-8)

The Report of the Committee on Iodized Salt is approved and accepted and adopted by this Committee, and it is recommended that the Committee be authorized to carry on for another year its splendid work.

The Committee recommends the adoption of this Report, and I so move.

The motion was seconded by Dr. R. M. McKean

and carried.

DR. OAKES: The amendments to the Constitution will have to be held over until next year.

VIII-4. ON RESOLUTIONS (New Section, XI-2)

Dr. Oakes: With the feeling that the Pathologists of this State deserve recognition in the deliberation of the State Society and their relationship with the profession and their respective hospitals, and in view of the fact that there is a strong feeling against the establishing of further Sections, it is the recommendation of this Committee that the present Section on Radiology be changed to read the Section on Radiology, Pathology, and Anesthesia.

I so move.

The motion was seconded by Dr. R. M. McKean. The Speaker: Is there any discussion on this? Maybe we ought to ask the x-ray men to discuss

The question was put and the motion carried.

Dr. Oakes: Before I go into the changes in the By-Laws, I would like to say this: When our Committee met upstairs we were under a good deal of misapprehension as to the origin of some of these amendments to the By-Laws. These changes have been arranged by The Council to facilitate the work of this group of men and these Committees. It was unknown to the Committee at that time as to why these changes were asked for, and nobody had any information on them at the time. So on any of these that have been disapproved we would like to have a little discussion by the Delegates in the House and see whether or not you approve of them. I am going to take them up one at a time with your permission.

VIII-5. ON CONSTITUTION AND BY-LAWS (Duties of Officers-the Secretary, X-6)

The first one is the proposed amendment to Chapter 4, Section 4, of the By-Laws. The Committee moves the acceptance and adoption of this amendment.

I so move.

The motion was seconded by Dr. A. L. Arnold, Jr., and carried.

VIII-5. ON CONSTITUTION AND BY-LAWS (Transfer of Membership from One County to Another, X-4)

Dr. Oakes: The amendment to Chapter 1, New Section 6. The Committee moves its acceptance and adoption.

I so move.

The motion was seconded by Dr. LaBine and carried.

VIII-5. ON CONSTITUTION AND BY-LAWS (Election of Officers by House of Delegates, X-5)

Dr. Oakes: Chapter 3, Section 7: Amend paragraph (m).

The Committee moves the acceptance, and I so move.

The motion was seconded by Dr. Wm. J. Stapleton and carried.

VIII-5. ON CONSTITUTION AND BY-LAWS (Changes re: Standing Committees, X-8 and 9)

Chap. 6, Sections 1-2-4-6-7-9-10 approved.

DR. OAKES: Amendment to Chapter 6, Section 1.
The Committee approved of this, and I so move. The motion was seconded by Dr. P. L. Ledwidge and carried.

Dr. Oakes: This is the first one of the controver-

sial ones that was brought up.

To amend Chapter 6, Section 2, by deleting the first paragraph and inserting in lieu thereof the following paragraph:

"The Committee on Legislation shall consist of a chairman, the President-Elect of the State Medical Society and the Chairman of The Council of the State Medical Society and members to be appointed by the President with the approval of The Council."

The Committee disapproves.

Dr. W. C. Ellet: May we ask the Chairman of the Committee why they disapproved of this?

Dr. Oakes: I endeavored to explain to you why the Committee disapproved, and I shall repeat it again. The members of the Council who run the organization and who have to deal with these Committees, tried to streamline these Committees to the point where they would function a little more favorably and a little more accurately than they did before. If you wish any explanation further than that, Dr. Foster can give it to you.

THE SPEAKER: Dr. Foster, will you please enlighten the assemblage about this.

Dr. Foster: Mr. Speaker, it has come to our attention that in recent years in the appointment of committees the By-Laws of the Michigan State Medical Society have, for some reason or other, not The staggering of the been strictly adhered to. terms has been lost, and in legislative years activity has demanded, on numerous occasions, the appointment of extra men on the Legislative Committee to carry the load, and in off-legislative years a smaller committee is all that is necessary. While I am on my feet, I might say that beyond that there are other committees in which there is a specification of members. For instance, in the Public Relations Committee, it says there shall be nine, and it has had eleven for the last three years because nine can't cover the State. It was felt in looking over these various facts that were brought out that we are having various stipulations in the By-Laws to which we are not adhering, and it would seem better to delete all of these provisions we are ignoring rather than to violate them. It was simply done in an attempt to allow a flexibility so that if and when emergencies arise in the activities of the committees there will be leeway for the augmentation of those committees. So the officers went through the By-Laws in all those committees and where it said just deleted the five leaving it to the President to appoint seven if the emergency demanded. And in view of the fact that there are staggered terms occurring on two committees-Legislative and Joint Committee representatives, neither of which have been adhered to-it was felt it would be better to take them out and simplify the By-Laws rather than have a lot of stipulations being ignored. That was the only reason an attempt was made to bring them up to date.

DR. E. D. SPAULDING: I happened to be in the middle of this rather violent discussion for a couple of hours this afternoon and there are two or three points to be brought out before you. After all, all representative government must compromise between dying of stagnation on the one hand and being catapulted into inadvisable action on the other. I quite realize that an incoming President should not be hogtied in having to deal with and through some of these committees. On the other hand, there are certain very important committees in any organization which get a great deal of strength from having men on those committees who have been battling with these problems years before. In starting with a new deal, every time you have a new executive, it is not always the best thing in the long run. In the legislative year if it is advisable to increase the number of your committee to carry the load, I see no reason why this should not be done. On the other hand, I think we are sledding for trouble in the years to come, if we get the Constitution over Niagara and allow each incoming executive officer to make a completely new sweep in all committee appointments. I am speaking in opposition to this, not because I wish to interfere with progress, but I would like to have this a little bit conservative.

PRESIDENT-ELECT CORBUS: I would like to speak for that as incoming President. I might say to Dr. Spalding that two-thirds of the men on the Legislative Committee this year are the same as they were last year. Naturally, no incoming president is going to change his committees radically, and least of all the Legislative Committee. I think you could trust your President. Moreover, he does it with the approval of The Council. The difficulty comes when we all get mixed up with this staggered arrangement. You could hardly get anyone to serve as Chairman of the Legislative Committee unless he could feel that he could have around him the men with whom he could work.

THE SPEAKER: Does anyone else wish to discuss this matter? Will somebody make a motion that we either accept it as rendered or that we drop it?

Dr. C. E. Toshach: I move that we accept the new By-Law as it was proposed.

The motion was seconded by Dr. C. F. Snapp and carried.

Dr. Oakes: Moved an amendment to Chapter 6 of the By-Laws of the Michigan State Medical Society by deleting the entire Section 4, and inserting in lieu thereof a new Section 4.

The amendment was approved by the Committee, and I so move.

The motion was seconded by Dr. Wm. J. Staple-ton.

THE SPEAKER: Is there any discussion?
That new Section replaces quite a lengthy section on the Medico-Legal Committee in your By-

Laws.

Dr. T. K. Gruber: A question of information. May I inquire as to what is going to happen to the funds that have been allocated to the Medico-Legal Committee? Also the salary of the Chairman of the Medico-Legal Committee. With regard to members against whom action is brought in court, et cetera? I believe there is a reason for all of that but it would be well for someone to give an explanation as to why this radical change is made in the whole setup. I think it would be well to explain what is to happen to the funds that formerly went into this Committee's hands, and how they were deposited.

THE SPEAKER: Dr. Holmes, can you explain that? DR. HOLMES: I will try to explain it. I think that every Delegate who was here last year recalls the proposed action of the Federal Treasury Department which planned to levy income taxes on the M.S.M.S. on the ground that we maintained a Medico-Legal Defense Fund which inured to the benefit of individual members. This, according to their interpretation, took us out of the classification of charitable and educational organizations and made us liable for income tax. Therefore, it became necessary for us to devise some method of handling medico-legal activities. Several years ago, a Council committee was appointed consisting of Dr. Greene and Dr. Andrews and myself to investigate and make a survey of the medico-legal question. That has all been printed in the Reports of The Council for the last few years. At this time, I don't think it is necessary to go into that except to say that we had even made a survey which indicated there was not the need for a Medical Defense Fund of the State-Society that there had been.

When this tax question came up, it became imperative that we make some decision that would save us from having to pay a rather large amount of taxes. That tax would be levied on all the funds

we received even though the Medico-legal work represented only a small percentage of expenditures. Later another development came up which wasn't brought entirely into our own state but which we discovered happened in Ohio; the legal profession, the Bar Association, had ruled that by maintaining this type of Defense Fund and hiring lawyers we were violating the ethics of the legal profession, and in Ohio the Medical Society was forced to discontinue its fund.

The amendment has the unanimous recommendation of the Committee of the Council and The Council itself. It provides for a Committee which, in case of suit against one of the members, will aid in providing advice and medical witnesses. But we will be unable, unless we wish to accept this large tax which would be assessed under the old method, to go ahead and legally defend our members; then with the use of credentials, professional malpractice or medical legal insurance companies, we are going to be in the same position we were in pre-There is no other method except to adopt this and then to watch further developments and see what changes have to be made.

THE SPEAKER: Does this explain it to your satis-

Dr. T. K. Gruber: To my satisfaction, yes. I just thought it would be well for the various members of the House to understand what it was all about.

THE SPEAKER: Is there further discussion on

this motion?

The question was put and the motion carried.

(Chap. 6, Sec. 5 and 8, Not Amended)

Amendment to Chapter 6, Sections 5 and 8, not

approved.

Dr. Oakes: Amend Chapter 6, Section 5, by deleting the whole Section and inserting in lieu thereof the following:

"The President shall appoint the members who shall constitute the Society's representatives upon the state committee known as the Joint Committee on Health Education."

This amendment was disapproved by the Committee because it removes the effect of the staggered appointments.

THE SPEAKER: What is your pleasure about the proposed change in the By-Laws? There has been no motion made on it.

DR. G. L. McCLELLAN: I move that the Report

of the Committee be accepted.

The motion was seconded by Dr. Wm. S. Reveno. The Speaker: There is a motion before the House to reject the proposed amendment to the By-Laws. In other words, that is the sense of it. It accepts the Committee's Report which disapproves of the amendment.

Is there any discussion?

The question was put and the motion carried.

DR. OAKES: Amend Chapter 6, Section 8, by deleting the first paragraph and inserting in lieu thereof the following:

"The Committee on Postgraduate Medical Education shall appointed by the President with the consent of The

This Committee moves that this amendment be not adopted unless specific reasons for the discontinuance of the staggering of appointments to

this Committee be given on the floor of the House.

The Speaker: There is a motion that this amendment be not adopted. Is there any support

The motion was seconded by Dr. P. L. Ledgwidge. Dr. E. D. SPALDING: These amendments were proposed by somebody, and the Committee that dis-cussed these things at some length this afternoon couldn't see any good reason for this amendment being passed. To be perfectly fair, if there were good reasons, they suggested they be presented on the floor of the House. I would like to have those

reasons presented. THE SPEAKER: Will you tell why the Committee

disapproved?

DR. OAKES: The Committee disapproved for reasons stated: unless specific reasons for the discontinuation of the staggering of appointments of

DR. J. M. ROBB: What are the reasons?

THE SPEAKER: This is a Council-sponsored amendment. Will some of the Councilors explain this or give some reasons why this amendment was

proposed?

Dr. Foster: Mr. Speaker, the President-elect has just asked me to reiterate what I said a moment ago. It seems that for a number of years the staggering has been ignored because of some confusion three or four years ago and it was impossible to untangle the appointments. Some had been reappointed after their terms were over. So while the specification for staggering the term is in the By-laws, it hasn't been adhered to. It was felt that rather than to embarrass the President to unscramble this, which he hasn't been able to do for several years, it would be better not to have it in there than to violate it year after year. It was just a question of taking it out because practically it hasn't been adhered to. There was no reason in the world for it, and you will find that apparently two years ago, I believe, one of the men whose terms wasn't up asked to be relieved from it; that left an unexpired term in the staggering; someone else was appointed and was supposed to have been considered in for a regular term. As I said before, no President in my recollection in the past three years has been able to unscramble these appointments.
Dr. E. D. SPALDING: I would like to have a

much better reason for dispensing with the Constitution than the mere fact that it has not been

conformed to in the past years.

THE SPEAKER: This is a By-Law. Has anyone

else any further discussion?

Dr. CHARLES E. DUTCHESS: Even though there is apparently some confusion concerning the term of office of the various Committee members at present, it would seem to be relatively simple for the incoming President to arbitrarily appoint the new members for varying terms of office according to the specifications of the present By-Laws.

THE SPEAKER: The Committee has disapproved this, unless somebody gave a good reason.

is no motion on this question.

Dr. R. A. Springer: I move the action of the Committee be accepted. They rejected the amendment, and I move that their rejection be accepted by the House of Delegates.

The motion was seconded by Dr. R. L. Wade and

carried.

(Chap. 6, Sec. 6, 7, 9, 10)

DR. OAKES: Amend Chapter 6 by deleting the entire Section 6.

This was disapproved by the Committee.

THE SPEAKER: What is your pleasure?

DR. R. M. McKean: I understand that this is following up the desire to simplify or to make the Preventive Medicine Committee consist of the Chairman of each Committee, including the Cancer Committee. I have served on the Preventive Medicine Committee for the last several years, and I must say it has impressed me that this whole business of streamlining in this particular matter of making the chairmanship of certain sub-committees comprise the membership of the Preventive Medicine Committee has very definite merit, and if the later proposal, which I understand also has suffered a similar fate, is to be turned down too, this is dependent on it. In other words, the two seem to me to go together and are to be considered to be turned down or accepted more or less in the same breath. Is that not right, Dr. Oakes?

DR. Oakes: That is correct.

DR. McKean: So for that reason it might be well to consider those which are so vitally linked together, or the other amendment changing the makeup of the Preventive Medicine Committee, first of all before considering this particular point.

DR. OAKES: I might say this: In considering

the changes in Chapter 6, and this applies to most of the changes, what has been attempted here is what was explained a few moments ago, an endeavor to simplify or streamline these Committees and to make their functioning an improvement over the old method. If you are going to turn down one, turn down all of them. If you are going to accept one, accept them all, or else you spoil the whole thing. It is either the whole hog or none. As Dr. McKean said, to approve one and disapprove the other is not worth anything.

The Speaker: Will you read the rest of them,

Dr. Oakes?

DR. OAKES: This one is to amend Chapter 6, by deleting old Section 7, and inserting in lieu thereof a new Section, re: Preventive Medicine Committee.

Dr. Oakes presented the prepared amendment. Dr. Oakes: A part of this has been amended

"The Chairman of the Preventive Medicine Committee shall be appointed by the President, together with the members of all Special Committees, with the consent of the Council."

DR. H. W. WILEY: A point of information: Isn't this an amendment to the By-Laws?

THE SPEAKER: It is changing one section of the

By-Laws. DR. WILEY: According to the Constitution, that has to lay over one meeting. This isn't the same as it was read this afternoon.

THE SPEAKER: The Reference Committee has the right to change it as they receive it.

DR. GRUBER: I move the adoption of the Report as read.

The motion was seconded by Dr. R. M. McKean

and carried.

DR. GRUBER: I move the reconsideration of the previous motion on the Cancer Committee; that would have to be reconsidered. That is Chapter

6, Section 6.
The motion was seconded by Dr. A. L. Arnold,

Jr.
THE SPEAKER: We didn't vote on that. We held

The motion is out of order.

DR. CARSTENS: May we be informed as to what . action was taken by that last motion? I find that nobody around me knows what we voted.

Dr. Oakes: I will read it over.

Dr. Oakes re-read the amendment to Chapter 6, Section 7, concerning the Preventive Medicine Com-

Dr. Carstens: Dr. Gruber's remark is still perti-This includes a number of Special Committees which are not recognized by the By-Laws. Does that dignify them to be standing, permanent, or regular committees? I note the State Commissioner of Health is included, which is most commendable but possibly the State Commissioner of Health may not be a member or may not be an

DR. OAKES: Amend Chapter 6 by deleting the entire Section 6.

THE SPEAKER: That is the one on Cancer. Will somebody make a motion to adopt this Report?

It fits in with what we have recently passed.

Dr. J. M. Robb: If it is true that the Health Commissioner of the State may not be a medical man, there is no way you can put that in the By-Laws and have it consistently hold.

The Speaker: We are not voting on that. We

are voting on this cancer matter now.

DR. T. K. GRUBER: In order to bring this matter of the Health Commissioner before the House for discussion, I move to reconsider this motion just passed, which included the Health Commissioner. I believe that should be discussed.

The Speaker: There is a motion before the

There is a motion before the House to reconsider the change in the By-Laws

which was just passed.

DELEGATE: A point of information. When I was a member of the State Council of Health, we very specifically had a provision in the law which provided that the State Commissioner of Health must be a Doctor of Medicine.

THE SPEAKER: Then a discussion on our By-

Laws would be out of line.

Dr. J. M. Robb: I second the motion. The question was put and the motion lost.

THE SPEAKER: What do you propose to do with the deletion of Section 6?

DR. R. M. McKean: I move that Section 6 re Cancer Committee be deleted and that the new Section just passed, which is a replacement of Section 7, be put in as Section 6 of the new By-

THE SPEAKER: That new numbering comes along

later.

DR. McKean: Then I move that Section 6 be

deleted.

The motion was seconded by several and carried.

Dr. Oakes: Amend Chapter 6, Section 9, in line two, by deleting the words "consist of nine members" and insert in lieu thereof the word "be" so that the first sentence reads as follows: "The Committee on Public Relations shall be appointed by the President with the advice of The Council.'

This was accepted and approved by the Committee. I move its acceptance and adoption.

The motion was seconded by Dr. C. Fremont

The question was put and the motion carried. DR. OAKES: Amend Chapter 6, Section 10, in the first line after the word "shall" by deleting the words "consist of five members" and inserting in lieu thereof the word "be," so that the first sentence reads as follows: "The Committee on Ethics

shall be appointed by the President with the advice of The Council."

Accepted by the Committee, and I move its adop-

The motion was seconded by Dr. J. M. Robb and carried.

Dr. Oakes: Amend Chapter 6 of the By-Laws by renumbering Sections 7, 8, 9 and 10 to 6, 7, 8 and 9, respectively.

I move that the Sections be re-numbered to conform to what has been done here tonight.

The motion was seconded by Dr. C. F. Snapp

and carried.

THE SPEAKER: We return to our order of business. Nominations are now open for Alternate Delegates to the A.M.A. to succeed George Curry of Flint and Ralph H. Pino of Detroit.

XII-4. ALTERNATE DELEGATES TO A.M.A.

Dr. HARVEY HANSEN: I would like to nominate Dr. George Curry to succeed himself.

The nomination was seconded by Dr. F. E. Reeder.

DR. G. L. McCLELLAN: I would like to nominate

Dr. Ralph H. Pino to succeed himself.

The nomination was seconded by Dr. W. C. Ellet. DR. R. A. SPRINGER: I move that the nominations be closed.

The motion was seconded by Dr. R. L. Wade and carried.

DR. T. K. GRUBER: A point of order.

"The number of alternate delegates to the American Medical Association shall equal the number of delegates. Alternate delegates shall hold office for two years. At each annual election candidates for alternate delegates at large shall be nominated in number equal to or greater than the number to be elected. Election of alternate delegates shall be by ballot. The required number of high candidates shall be declared elected."

THE SPEAKER: The number nominated was in number equal to the number to be elected; therefore, it is not necessary to ballot on them. The Chair so rules.

Will somebody make a motion that a unanimous ballot be cast for the election of the Alternate Delegates to the A.M.A.

DR. P. L. LEDWIDGE: Which one has seniority?
THE SPEAKER: We will draw straws.
DR. W. C. ELLET: I move that the unanimous ballot be cast.

The motion was seconded by Dr. C. K. Valade.
DR. T. K. GRUBER: I move you that the ByLaws of the Michigan State Medical Society be

suspended to carry on this procedure.

The Speaker: There is a motion before the

House.

DR. GRUBER: May I read the rest of this paragraph?

"Alternate delegates at large so elected shall have relative seniority according to the respective numbers of votes received by them, and such seniority rank shall be designated at the time of election."

THE SPEAKER: The Secretary will draw straws. The Secretary drew the name of Dr. Curry as Senior Alternate.

THE SPEAKER: The Speaker announces that Dr. Curry is the Senior Alternate to the A.M.A.

XII-5. PLACE OF ANNUAL MEETING

We will now take up the place of the Annual Meeting.

If there are no nominations, will somebody make motion that this be left to the discretion of The

DR. A. W. BLAIN: I so move.

The motion was seconded by several and carried.

XII-6. PRESIDENT-ELECT

THE SPEAKER: We will now entertain nominations for the office of President-elect.
DR. T. K. GRUBER: It gives me great pleasure

to be afforded the opportunity to present the name of a member of this organization who has been in practice in this State since 1908. He has been a member of this House of Delegates on numerous occasions, he has been a member of The Council for approximately thirteen years and Chairman of The Council for the past three years: Dr. Paul R. Urmston of Bay City, who is engaged in the practice of eye, ear, nose and throat in that city and a very reputable citizen of the State and the com-

It gives me great pleasure to place his name in pomination for President-elect of this Society. (Applause)

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Dr. RALPH H. PINO: I should like to support that nomination. If in these times the virtue of hard work means anything to America, Dr. Urmston represents that. I have seen his work in the last two or three years at The Council, and I certainly couldn't stand what he stands and I don't think there are many who could. We admire him very much.

DR. W. F. MERTAUGH: I move that the nomina-

tions be closed.

The motion was seconded by Dr. G. L. Mc-

Clellan and carried.
Dr. J. M. Robb: I move that the Secretary be instructed to cast the unanimous ballot of the House of Delegates for the election of Dr. Urmston.

The motion was seconded by Dr. C. E. Umphrey and carried.

THE SPEAKER: I now declare Dr. Urmston your

new President-elect.

Dr. Luce, would you step out and find the new President-elect and bring him in.

The next item is the Election of the Speaker of the House of Delegates.

XII-7. SPEAKER OF THE HOUSE OF DELEGATES

Dr. W. R. Torgerson: I should like to place in nomination the name of Dr. Oscar Stryker for the position of Speaker of the House. Dr. Stryker lives in Fremont, Michigan, where he has been in private practice for a good many years. He has taken an active part in civic affairs and has been Mayor on a number of occasions. He is a general practitioner and as such represents perhaps the greatest majority of the members of the Michigan State Medical Society.
The Speaker: Dr. Stryker has been nominated.

Can we interrupt the proceedings at this point while we give an ovation to the new President-elect.

INTRODUCTION OF PRESIDENT-ELECT • URMSTON

The meeting arose. (Applause)
The Speaker: Dr. Urmston, would you mind giving us a few kindly words of wisdom.

PRESIDENT-ELECT URMSTON: I can tell you this much, gentlemen: that I certainly enjoyed the few moments of freedom that I had out in the lobby without thinking of anything except perhaps a fishing trip. But I perhaps felt like some prisoner who escaped, and as I started up the hall in lock-step with the President my brain clicked back in the same cog in which it has been during the last three As President-elect, I shall try to give you vears. as efficient service as I have endeavored to render as a member and Chairman of the Council, and I thank you very much for this honor. (Applause)

THE SPEAKER: Thank you, very much, Dr. Urmston! In behalf of the Delegates here assembled, I wish to state that you will have our whole-hearted support as you were given in being unanimously elected. We trust that everything will go along as smoothly under your administration as it has under that of Dr. Luce.

Dr. Stryker has been nominated for the office of Speaker. Is there any support to this nomina-

The nomination was seconded by Dr. H. F.

Dr. A. T. HAFFORD: I move that the nominations be closed and that the Secretary be instructed to cast the unanimous ballot of the meeting for the election of Dr. Stryker.

The motion was seconded by Dr. G. L. McClellan and carried.

THE SPEAKER: I declare Dr. Stryker elected Speaker.

XII-8. VICE SPEAKER OF HOUSE OF DELEGATES

The next election is for Vice Speaker of the House of Delegates.

Dr. W. C. Ellet: May I have the privilege of offering the name of a man who has been connected with the House of Delegates for the past nine or ten years; he has been our Master of Ceremonies and Sergeant at Arms. I wish to place in nomination the name of Dr. James J. O'Meara of Jackson.

The nomination was seconded by Dr. H. F. Dibble.

Dr. A. L. Arnold, Jr.: I move that the nominations be closed and the unanimous ballot of the meeting be cast for Dr. James J. O'Meara.

The motion was seconded by Dr. G. L. McClellan and carried.

THE SPEAKER: Is there anything to come up under the head of New Business?

DR. F. E. REEDER: If I may have the privilege of the floor. It is very unusual for me not to have looked you in the face for three sessions. There are just two things here to which I would like to direct your attention before adjournment. One is that you have sitting down in the aisle before you a gentleman who is honored by your having made him a Member Emeritus a year ago, and who has had the interest of this organization at heart for many years. I would like the Speaker to ask Dr. John Handy, now eighty-seven years of age, to make a bow.

Dr. John Handy arose. (Applause)

Dr. Reeder: Mr. Speaker, may I ask you to retire from the Chair momentarily in favor of the Vice Speaker.

The Vice Speaker, Dr. Martin H. Hoffmann, took the Chair.

Dr. Reeder: Mr. Vice Speaker, I move that we revert to the order of New Business.

The motion was seconded by several and carried.

Dr. Reeder: Mr. Vice Speaker and Gentlemen of the House of Delegates: Two years ago you were most kind to me. However small the service

I may have rendered in this organization for practically a quarter of a century, having come up the hard way, you have observed tonight that another Speaker is about to retire who also has come up the hard way. You made me very happy in that you voted a little memento to me for my services, and tonight I, in turn, should like to present the same suggestion to you again. I would like, because of his faithful service as a Delegate for years having served his apprenticeship as Vice Speaker and now having completed his term of Speaker, this House of Delegates to recommend to The Council, to vote a sum of money not to exceed twenty-five dollars for the purpose of purchasing a suitable emblem for the retiring Speaker of this House. I so move.

The motion was supported by several.

The question was put and the motion carried. (Applause)

THE VICE SPEAKER: I will turn the meeting back to the Speaker.

The Speaker, Dr. Philip A. Riley, resumed the Chair.

THE SPEAKER:

Thank you, Dr. Reeder, and delegates. This is my farewell appearance on this platform. I have enjoyed it very much and I want to thank each and every one of you for the splendid coöperation which you have accorded me in the conduct of the meetings for the last two years. There have been three meetings and there has been lots of work to be accomplished. I know you get pretty tired sitting in those seats, but only once today was it necessary to pound this desk for order, and I think that is remarkable through a long session. I want to thank you again for all of your coöperation and to wish you luck for the coming years.

Is there anything further to come up?

DR. L. J. HIRSCHMAN: This is still under New Business. Before we adjourn, I would like to move a vote of thanks to the Kent County Medical Society for the hospitality which they are offering and the very pleasant surrounding in which we have had our meeting and for the nice weather they have provided.

This was seconded by many.

THE SPEAKER: Will all those in favor of Dr. Hirschman's motion please rise?

Those in assembly. (Applause)

Several announcements were made and the meeting adjourned at ten-thirty o'clock.

Read pages 960 to 963 and tell the people who desire information from their doctor!

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Over 40 years in the medical supply business has given Hartz an understanding of the doctor's needs and problems. From a complete stock of surgical instruments, pharmaceuticals, professional furniture, short-wave machines, and medical supplies of all kinds, Hartz can supply every professional need.

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MICHIGAN'S DEPARTMENT OF HEALTH

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HENRY A. MOYER, M.D., Commissioner LANSING, MICHIGAN

PNEUMONIA SERUM TO BE DISTRIBUTED AGAIN THIS YEAR

The Michigan Department of Health has announced that anti-pneumococcic serum for the treatment of type 1 and 2 pneumonia will again be distributed free to physicians during the 1939-40 pneumonia season. The serum will be available from fifty-two distributing centers throughout the state in addition to thirty branch distributing centers in full time county and city health departments. Typing service will be available at 146 typing stations in addition to service available from the Michigan Department of Health Laboratories at Lansing, Grand Rapids, Houghton and Powers.

IMMUNIZATION RECORD CARDS PROVIDED FOR PARENT EDUCATION

The Michigan Department of Health is publishing an immunization record card for children which may be used by physicians in educating parents in immunization measures. These cards, size 5 inches by 8 inches, carry on one side the immunization schedule recommended by the Michigan Branch of the American Academy of Pediatrics, the Michigan State Medical Society and the Michigan Department of Health. On the reverse side, are blanks for recording the date these protective measures are given and the results, as well as height and weight record forms. Physicians may obtain copies of these immunization record cards for parents free upon request to the Michigan Department of Health at Lansing. At present the Department is sending a copy of this record form to mothers with each certificate of birth registration.

GOITER PREVENTION CAMPAIGN PROGRESSES

In its campaign to promote the use of iodized salt as a preventive of simple goiter, the Michigan Department of Health is distributing this month 650,000 educational folders. This folder has been prepared by the Iodized Salt Committee of the Michigan State Medical Society. The folders are being distributed through the school children to parents with the coöperation of the full time local health officers, the State Department of Public Instruction and local school administrators.

It was 15 years ago on May 1, 1924, that Michigan became the first state to add iodine to salt. All other states in the "goiter belt" of the nation subsequently adopted this simple method of controlling "the easiest known disease to prevent." Iodized salt became a byword with every housewife following the intensive educational campaign at that time to secure acceptance of this new product. The effective results of that campaign have been shown in the striking reduction in the prevalence of simple goiter among school children during the 10 years following the introduction of iodized salt.

following the introduction of iodized salt.

It now becomes necessary to renew that emphasis upon the daily use of iodized salt in all homes where there are children. A new generation of parents are to be told the remarkable story of how iodized salt has been a means of preventing the enlargement of the thyroid gland with its accompanying unde-

sirable physical conditions.

Physicians who desire copies of the educational leaflet "Michigan Children Need Iodized Salt" may obtain them free upon request to the Michigan Department of Health at Lansing.

TO START DISTRIBUTION OF PERTUSSIS VACCINE

The State Health Department has announced that its new program for the production and free distribution of pertussis vaccine is now under way. Small quantities of the vaccine are being distribuated at present upon special request. As soon as production facilities can be developed, additional supplies of pertussis vaccine will be made available for the use of all physicians in vaccinating young children against whooping cough.

NEW BAY COUNTY HEALTH DIRECTOR

Dr. Fred T. Andrews of Kalamazoo has been appointed as director of the Bay County Health Department, effective as of October 1. Dr. Andrews' headquarters will be at Bay City. Following many years of private practice in Kalamazoo, specializing in surgery, Dr. Andrews last year completed the training course in public health administration in the University of Michigan's school of hygiene and public health. Dr. Andrews succeeds Dr. C. E. Merritt, who has resigned to return to private practice. Dr. Andrews is a member of the Council of the Michigan State Medical Society.

DR. FRED O. TONNEY TO DIRECT DELTA HEALTH DEPARTMENT

Dr. Fred O. Tonney of Chicago has been appointed as acting director of the Delta County Health Department, with headquarters at Escanaba. Dr. Tonney will serve during the absence of Dr. R. Lanting, who has been given a leave of absence for postgraduate studies.

REGIONAL CONFERENCE TO BE HELD AT MIDLAND, OCTOBER 26

The third Regional Conference of Local Health Departments in Group 2 will be held at Midland, October 26. Dr. K. S. Haitinger, director of the Midland County Health Department, is acting as host for this meeting. Health department staffs from Isabella, Midland, Mecosta-Osceola, Bay, Wexford and District No. 7 will be present in addition to staff members of the State Health Department. The Conference will consider problems related to maternal and child health, public health dentistry and health education.

NINETEENTH ANNUAL PUBLIC HEALTH CONFERENCE TO BE HELD NOVEMBER 8, 9 AND 10

The nineteenth Annual Michigan Public Health Conference will be held at Grand Rapids, November 8, 9 and 10. Approximately 1,500 members of the health professions of Michigan are expected to attend. Headquarters will be at the Pantlind Hotel. Practicing physicians are cordially invited to attend.

Of special interest to physicians will be addresses by Dr. Bert I. Beverly of Northwestern University, Dr. Burton R. Corbus, president of the Michigan State Medical Society, Surgeon C. C. Applewhite of the United States Public Health Service and Sidney D. Kramer, secretary of the National Founda-

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One sip o' Johnnie Walker wi' soda will convince ye that all's well wi' this grand whisky. Aye, it will tell ye that there's no finer whisky than Scotch... and Johnnie Walker is Scotch at its smooth, mellow best!

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DETROIT

A. JAMES DENIKE, M.D. Medical Superintendent tion for Infantile Paralysis. A special round table will be held Thursday morning, November 9, for secretaries of the County Medical Societies and directors of full time local health departments.

BIRTH AND DEATH CERTIFICATES TO BE REVISED JANUARY 1, 1940

The Bureau of Records and Statistics has announced that in accordance with the policy of the United States' Bureau of the Census the Birth and Death Certificates of the Michigan Department of Health will be revised on January 1, 1940. This revision occurs every ten years. The revised forms will be in the hands of county clerks, local health officers and local registrars within a reasonable time in order that all records after the first of the year may be recorded on the new forms.

CORRESPONDENCE

Sept. 15, 1939.

THE JOURNAL of Michigan State Medical Society.

Dear Editor:

A visiting surgeon has requested that we report a method of tilting a bed by means of rockers, that we have been using at the Community Hospital, Douglas, Mich.

The method was prompted by having a patient who, because of a severe lung condition, had to lie

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on his side for several weeks, thus developing a pressure sore. The use of the rockers permitted tilting of the bed so that the man could lie on his back and yet breathe with comfort—taking the pressure off his hip and permitting the wound to heal.

The rockers made an easy way to change position of the severely ill patient without lifting, and would also be of aid in certain cases of drainage.

The runners are four inches wide and are provided with slots to receive the castors of the bed. Turn buckles with hooks fasten them securely. A board can be placed along the lower side of the bed when tilted, to prevent any accident to the patient. Contrary to what one might think, the bed can be slid on these runners about the room with very little effort.

Yours truly, E. T. BRUNSON.

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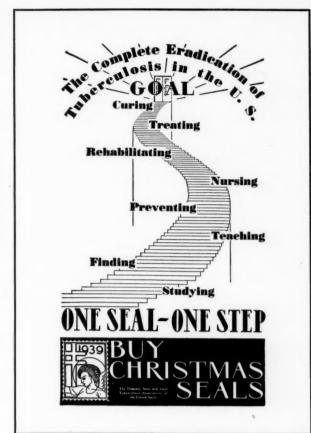
Frank Payne Ramsey, M.D.

Dr. Frank Payne Ramsey of East Jordan, Michigan, died at his home on September 19, 1939, after an illness of two years. Born in 1873, the son of Dr. Wm. A. Ramsey, he was graduated from Northern Indiana Normal School at Valparaiso. After two years at the University of Michigan Medical School, he was transferred to the College of Physicians and Surgeons of the University of Illinois, from which he was graduated in April, 1899. He practiced for a year in Rapid City, Michigan, and in 1902 moved to Central Lake. In 1901 he married Miss Lillian Weikel of East Jordan, and in 1908 moved to that city. Dr. Ramsey was a member of his county and state medical societies, and the American Medical Association. He is survived by his wife; a niece, Miss June Ramsey, superintendent of nurses in Harper Hospital, Detroit, and a nephew, Paul Ramsey of South Bend, Indiana.

The worst mistake a man can make is to correct the mistakes of his friends,

A sharp tongue and a dull mind are often found in the same head.

A sharp tongue severs a good many real friend-ships in this world.





(3) Seeing Your Dentist and Doctor and (4) Plenty of Chewing Exercise.

NATIONAL ASSOCIATION OF CHEWING GUM MANUFACTURERS, STATEN ISLAND, NEW YORK

General News and Announcements

President B. R. Corbus spoke before the Lions Club at Ludington on August 13. On September 7 he addressed the Lions Club at Belding on "Group Medical Care"; and on October 5 he spoke to the Blood Donors' League, in Grand Rapids.

L. Fernald Foster, M.D., Secretary, and Wm. J. Burns, Executive Secretary of the Michigan State Medical Society, were guest speakers at the Annual Convention of the Michigan State Grange in Traverse City on November 1.

Dr. Noah E. Aronstam of Detroit, is the author of a play entitled, "The Last Days of Sodom," in four acts, published in the Jewish Forum of June and July. Dr. Aronstam is to be congratulated on his literary ability.

The many friends of Dr. Chester A. Paull of Detroit extend their sympathy in the death of his wife, which took place on September 25. They were married in 1903. Mrs. Paull is survived by her husband and two children, Mrs. Elmer Lloyd and a son, John.

The Advisory Council to State Health Commissioner (H. Allen Moyer, M.D.) is composed of Henry F. Vaughan, Dr.P.H., Detroit; John L. Lavan, M.D., Grand Rapids; A. D. Aldrich, M.D., Houghton; Carleton Dean, M.D., Charlevoix; and Roy C. Perkins, M.D., Bay City.

"Why I Quit the Group Health Association" is the title of an illuminating article by Dr. Henry Rolf Brown, which appears in the September "Medical Economics." Dr. Brown was the first medical director of G.H.A. in Washington. He makes quite clear what happens when lay political management seeks to administer medical care.

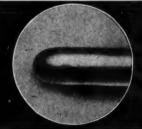
* * *

F. T. Andrews, M.D., formerly of Kalamazoo, has been selected as Health Officer for Bay County. Dr. Andrews, a Councilor of the Michigan State Medical Society, began his new duties on October 9. Bay County is fortunate in obtaining a man of Dr. Andrews' practical experience, wide acquaint-anceship, and executive ability as its Health Officer.

The State Tuberculosis Sanitarium Commission is composed of the following: L. C. Harvie, M.D., Saginaw; Dean C. Burns, M.D., Petoskey; E. J. O'Brien, M.D., Detroit; J. D. Bruce, M.D., Ann Arbor; Paul A. Martin, Lansing; Mrs. Grace Stair, Detroit; S. L. Marshall, St. Johns; P. G. Hanna, M.D., St. Joseph; and Wm. E. Robb, M.D., Howell.

The next examination held by the American Board of Obstetrics and Gynecology will be held in various cities throughout the United States and Canada on Saturday, January 6, 1940. Candidates for examination should write Dr. Paul Titus for further information and necessary application blanks at 1015 Highland Building, Pittsburgh, Pennsylvania.

RADON SEEDS



OR safety and reliability use composite Radon seeds in your cases requiring interstitial radiation. The Composite Radon Seed is the only type of metal Radon Seed having smooth, round, non-cutting ends. In this type of seed, illustrated here highly magnified, Radon is under gas-tight, leak-proof seal. Composite Platinum (or Gold) Radon Seeds and loading-slot instruments for their implantation are available to you exclusively through us. Inquire and order by mail, or preferably by telegraph, reversing charges.

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CONVINCING RECORD OF EFFECTIVENESS in ACUTE ANTERIOR URETHRITIS

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The record is based on rigid clinical and laboratory signs before and after treatment.

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3. Acid formation in maltose

2. Fermentation of dextrose 4. Agglutination test

5. Alkali solubility test

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in Anterior Urethritis: Wyeth's Silver Picrate Crystals used in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genito-urinary and gynecological practice will be mailed on request.

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The Max Ballin Memorial Lectures (seventh series), presented by the North End Clinic of Detroit, began, November first, in the Detroit Institute of Art. I. S. Ravdin, M.D., of Philadelphia, was the first speaker. The second talk, on November 8, was given by Charles Geschickter, M.D., of Baltimore. The third and final address will be given on November 15 by Alton Ochsner, M.D., of New Orleans. Orleans.

*"Treatment of Acute Anterior Urethritis with Silver Picrate,"

Knight and Shelanski, AMERICAN

JOURNAL OF SYPHILIS, GON-

ORRHEA AND VE-NEREAL DISEASES,

Vol. 23, No. 2, pages 201-206,

March, 1939.

"The Citizens Committee for a Washtenaw County Health Department" was formed in September to sponsor the organization of a county health department. The Washtenaw County Health Department, in its desire to promote further health security by making available more adequate medical advice and service to all the people of Washtenaw County, cooperated in this movement.

The Michigan State Board of Registration in The Michigan State Board of Registration in Medicine has the following personnel: J. D. Brook, M.D., Grandville, President; J. Earl McIntyre, M.D., Lansing, Secretary; W. Elwood Tew, M.D., Bessemer; C. R. Keyport, M.D., Grayling; Horace L. French, M.D., Lansing; Elmer W. Schnoor, M.D., Grand Rapids; W. C. Ellet, M.D., Benton Harbor; G. M. Byington, M.D., Detroit; Luther Peck, M.D., Plymouth; and Francis B. Jarzembowski, M.D., Hamtramck.

The Wayne County Medical Society has introduced an innovation in the field of medical broadcasting. In place of the weekly didactic talks which the W.C.M.S. Radio Committee has sponsored for a number of years, the Society has adopted the dramatized program. For thirteen weeks the new programs will have as their general theme the old and the new in Medicine. This series, entitled "Medical Magic," was inaugurated October 4 over WWJ and will continue every Wednesday for thirteen weeks, at 7:30 p. m.

Congratulations, Wayne County Medical Society!

Doctor, remember your particular friends, the exhibitors at your Annual Convention, when you have need of equipment, appliances, medicinal supplies and service. Here are ten of the firms which helped make the 1939 Convention such a great success:

Abbott Laboratories, North Chicago, Illinois
A. S. Aloe Company, St. Louis, Missouri
The Arlington Chemical Company, Yonkers, New York
Bard-Parker Company, Danbury, Connecticut
The Baker Laboratories, Cleveland, Ohio
Barnett Laboratories, Chicago Illinois
Barry Allergy Laboratory, Inc., Detroit, Michigan
W. A. Baum Company, New York, New York
Becton, Dickinson and Company, Rutherford, New Jersey
Boericke and Tafel, Chicago, Illinois.

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The name of the "Detroit Society of Neurology and Psychiatry" has been changed to the "Michigan Society of Neurology and Psychiatry." The first meeting of the Society was held at The Haven, Rochester, Michigan, with Drs. Louis A. Schwartz, Richard Sterba, J. Clark Moloney and Leo H. Bartemeir on the program. The second meeting will be held at St. Joseph's Retreat, Dearborn, Michigan, Thursday, November 30.

The officers of the Society are: President, R. Gordon Brain, M.D., of Flint; Vice President, Linus J. Foster, M.D., of Detroit; and Secretary-Treasurer, Louis S. Lipschutz, M.D., of Eloise. The Councilors are Thomas J. Heldt, M.D., of Detroit,

Councilors are Thomas J. Heldt, M.D., of Detroit, and P. V. Wagley, M.D., of Pontiac.

NOVEMBER, 1939

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The Michigan Press Association, organized in 1867, which now has 264 weekly and 40 daily newspapers as members, devoted its September 29 Michigan Mirror, a newspaper release service, to Michigan Medical Service and the Michigan Society for Group Hospitalization.

The Michigan Press Association, managed by Mr. Gene Alleman, performs a splendid service in accepting for distribution only newsworthy releases free from commercial or political advertising. Releases can be most economically distributed through the Michigan Press Association.

The Michigan State Medical Society's proposed medical service plan, "Michigan Medical Service," has received widespread recognition and enthusiastic acceptance.

Ruling Regarding Committees

At the organization meeting of Chairmen of 1939-40 Committees, held in Grand Rapids on September 19, the following motion offered by Drs. James D. Bruce-Alexander M. Campbell,

was adopted:

"All committee meetings of the Michigan State
Medical Society should be officially called
through the M.S.M.S. Executive Office in Lansing, at least one week's notice being given to the Executive Office by the committee chairman.

"The expenses of no committee meeting will be honored by the Executive Committee, or its min-utes considered official, unless called under the foregoing provisions.

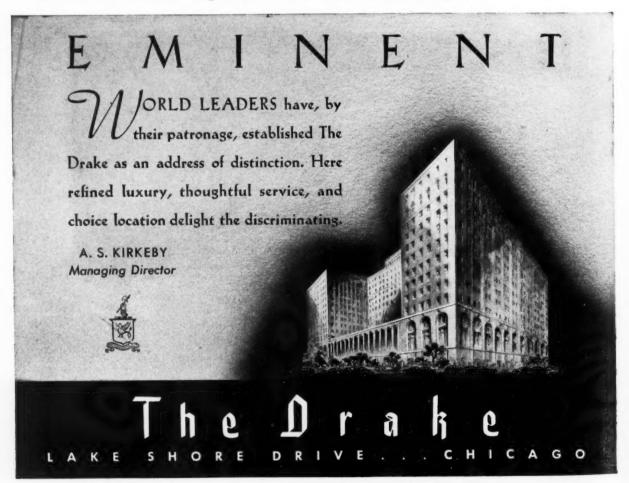
The above resolution was approved by The Council of the Michigan State Medical Society at its meeting on September 19.

Present at the Committee Organization Meet-

ing were: President Corbus, and Council Chairman H. R. Carstens, Drs. Alexander M. Campbell, James D. Bruce, P. R. Urmston, L. O. Geib, Wm. R. Torgerson, J. Duane Miller, S. W. Hartwell, R. S. Breakey, L. Fernald Foster, Harold A. Miller and Henry Cook.

About 600 leading dermatologists from all parts of the nation are expected to attend the second annual meeting of the American Academy of Dermatology and Syphilology at the Bellevue-Stratford Hotel, Philadelphia, November 6 to 8, inclusive. Sessions will be held in the form of symposia, special lectures in "courses" lasting from one to four hours each, and numerous Luncheon Round Table Discussions. Dr. Paul O'Leary of the Mayo Clinic, Rochester, Minn., is president of the American Academy, and Dr. Frank C. Knowles of Philadelphia is chairman of the Local Arrangements Committee. Others on of the Local Arrangements Committee. Others on the committee arranging the program are: Dr. Udo J. Wile, University of Michigan, Ann Arbor; Dr. Oliver S. Ormsby, Rush Medical College, Chicago; Dr. Gardner Hopkins, Medical Center, Columbia University, New York; Dr. Henry Michelson, University of Minnesota, Minneapolis; Dr. Richard Weiss, Washington University, St. Louis; and Dr. Earl D. Osborne, University of Buffalo, Buffalo, sec-retary of the American Academy

retary of the American Academy.
Dr. Robert C. Jamieson of Detroit will present Dr. Robert C. Jamieson of Detroit will present the subject "Treatment of Acne Vulgaris and Acne Rosacea" and Dr. Loren W. Shaffer will present "Public Health Problems in Syphilis Control," and Dr. Harther L. Keim is discussing "Lymphoblastoma," and Dr. Udo J. Wile of Ann Arbor, "Syphilis of the Viscera and Bones."



HIGHLAND PARK PHYSICIANS' CLUB

The Fourteenth Annual Clinic of the Highland Park Physicians' Club will be held Wednesday, November 15, 1939, at the Highland Park General Hospital, Highland Park, Michigan. The program is as follows:

Morning Session—9:00 A. M. Clinical Pathological Conference

EDGAR H. NORRIS, M.D., Professor of Pathology, Wayne University Medical School

Infections of the Hand

An authoritative discussion of the types with treatment and management of this important and common condition. Illustrated by lantern slides.

SUMNER L. KOCH, M.D., Associate Professor of Surgery Northwestern University, Chicago, Illinois.

Treatment of Hypertensive Disease from an In-

Special stress is laid upon etiologic considerations because of the important rôle played by therapy directed against specific etiology.

EDWARD J. STIEGLITZ. M.D. World ward J. Stieglitz, M.D., Washington, D.C., author of several books and publications on hypertension.

Treatment of Essential Hypertension by Extensive Sympathectomy

A complement to the previous discussion from the surgeon's side. Illustrated by lantern slides and a motion picture showing the surgical technic of sympathectomy.

ALFRED W. ADSON, M.D., Director of the Surgical Division of the Section on Neurology, Mayo Clinic, Rochester,

Hypertension

Round Table Discussion by Drs. Stieglitz, Adson, and

Luncheon-12:45 P. M.
Address of Welcome by Blaine T. Coleman, Mayor of Highland Park. Luncheon as guests of Highland Park General Hospital.

Afternoon Session—2:00 P. M.

Analgesia and Anesthesia in Obstetrics

Topic of wide interest to all whether in this specialty or general practice. EDWARD L. CORNELL, M.D., Assistant Professor of Obstetrics Northwestern University Medical School.

Diagnostic Criteria of Cancer

The problem of the degree of malignancy as interpreted by the pathologist and the clinician.

ALLEN GRAHAM, M.D., Director of Pathology, Cleveland Clinic, Cleveland, Ohio.

Temperature Factors in Cancer and Embryonal Cell Growth

The exposition of this original work on hibernation, with moving pictures illustrating the equipment used and the remarkable effects produced by this entirely new approach by means of temperature factors to the problem of etiology and treatment of cancer.

Temple Fay, M.D., Professor of Neurology and Neurosurgery. Temple University Medical School, Philadelphia, Pennsylvania.

surgery. Temple University
Pennsylvania.

Annual Banquet—7:00 P. M.

Detroit Golf Club

"What Can We Believe?"

LEE WHITE, Editorial Director, The Detroit News.

The entire profession is invited to attend this Clinic, which is considered the finest one-day postgraduate course in the entire country.

County Society Meetings

Bay County-October 11-Bay City. Speaker: C. P.

McCord, M.D., Detroit.

Berrien-Cass County—October 18—Dowagiac. Meeting of November 9 will be on "Ear, Nose and Throat Medicine."

Calhoun County—October 3—Battle Creek. Speaker: Harry Bawkin, M.D., Associate Professor of Pediatrics, N. Y., University School of Medicine.

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- 1. Life like, walks as naturally as the human leg.
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- 6. Hip control belt (Shoulder straps no longer necessary).
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Building Absolutely Fireproof

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Eaton County—October 12—Charlotte. Speakers: Stuart Pritchard, M.D., and M. R. Kinde, M.D., of Battle Creek.

Ionia-Montealm County—October 10—Lake Odessa. Speaker: Charles McIntyre, M.D., Kalamazoo.

Kalamazoo Academy of Medicine-October 17-Kalamazoo. Speaker: F. Bruce Fralick, M.D., Ann

Kent County—October 11—Grand Rapids. Speaker:
H. C. Swenson, M.D., Grand Rapids,
Oakland County—October 4—Bloomfield Hills.
Speaker: Gordon Myers, M.D., Detroit.

St. Clair County—October 10—Croswell. Speaker: Ira G. Downer, M.D., Detroit.

shtenaw County—October 10—Ann Arbor. Speaker: S. Milton Goldhammer, M.D., Dept. of Internal Medicine, University Hospital, Ann Washtenaw Arbor.

Wayne County-October 2-Detroit. Business Meeting.

October 9—Detroit. Speakers: Lawrence W. Smith, M.D., Professor of Pathology, Temple University, Philadelphia.
October 16—Detroit. Speaker: Russell L. Haden,

M.D., Cleveland, Ohio.

CONVENTION ECHOES

A total of 1,810 registered at the Grand Rapids Convention (not including the ladies). This figure includes 1,250 members of the M.S.M.S., 32 essayists, 257 exhibitors and 271 guests.

The 1,250 members of the Michigan State Medical Society registering at the 1939 Grand Rapids Convention came from every corner of the state. Michi-

gan cities with a population of 15,000 or more were represented as follows: Ann Arbor, 26; Battle Creek, 32; Bay City, 11; Benton Harbor, 10; Detroit, 184; Flint, 42; Grand Rapids, 195; Jackson, 22; Kalamazoo, 49; Lansing, 56; Muskegon, 37; Pontiac, 11; Port Huron, 7; and Saginaw 25. Twentythree physicians practicing in Upper Peninsula cities registered. The balance of 520 physicians registered from scattered smaller cities in the lower peninsula.

A breakdown of the 1939 registration figures among the specialties shows 707 registered under General Medicine, 266 under Surgery, 88 under Gynecology and Obstetrics, 105 under Ophthalmology and Otolaryngology, 43 under Pediatrics, 25 under Dermatology and Syphilology, and 16 under Radiology.

News coverage: Michigan newspapers gave the Michigan State Medical Society Convention in Grand Rapids 1,966 column inches, or a total of 17,694

One hundred four out of one hundred eight members of the House of Delegates were present in Grand Rapids!

One hundred fifty-five office secretaries of physicians attended the "Business Side of Medicine" Symposium on Monday, September 18.

Robert J. Armstrong, M.D., Kalamazoo, and G. A. Seybold, M.D., Jackson, were winners of fitted travel kits presented by the Mennen Company at a drawing in the Mennen Exhibit on the last day of the Con-

ORALLY OR BY INJECTION



Metrazol Tablets, Oral Solution and Powder for prescription compounding.

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> DOSE: 11/2 to 41/2 grains (1 to 3 tablets, or I to 3 cc. oral or parenteral solution).

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Ward S. Ferguson, M. D.

James C. Droste, M. D.

Lynn A. Ferguson, M. D.

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Sanitarium Hotel Accommodations

The Rev. Milton McGorrell, pastor of the Fountain Street Baptist Church, gave the Invocation on President's Night, September 20.

The Coca-Cola Company distributed 3,637 bottles of "coke" to thirsty physicians during the Convention.

The original painting by Dean Cornwell of "Beaumont and St. Martin," depicting the historic experiment of Dr. Beaumont and the injured Indian, was part of the beautiful display of John Wyeth & Bro. Inc., in the M.S.M.S. technical exhibit at Grand Rapids.

Bard-Parker's revolving blade, high-lighted by an indirect spotlight, threw a flash across the face of every physician sauntering towards the B-P booth, with the result that scores stopped to investigate.

Vernor's Ginger Ale did a flourishing business of "sampling." Thousands of cups of the champagneish liquid were enjoyed by visitors in the exhibit.

Members of the staff of Parke, Davis & Company doubled in the Thespian art at the Exhibitors' Gridiron on September 20 in Grand Rapids. The bearded "actors" and the smoothly-shaven "fireman" were depicted by Mr. John H. Shriever, Drs. R. A. Perkins, Carlton Winsor, D. K. Kitchen, Mr. J. F. Steen and Mr. John Nicol.

Schering Corporation's lighters added bright touches all over the Civic Auditorium and the Pantlind Hotel during the convention.

A wholesale inhale was enjoyed by the hundreds of phylicisians and their wives who stopped at the

Smith, Kline & French Laboratories' booth. Hundreds of the benzedrine inhalers were distributed by the Philadelphia concern.

Thirty Upper Peninsula physicians and their wives attended the "U. P. Reunion Dinner" on September 21 at The Pantlind. The group decided to sponsor an Upper Peninsula Dinner at the 1940 Convention for physicians who practice, or have practiced, or who are "natives," or who have married natives of the Upper Peninsula. W. H. Huron, M.D., Iron Mountain, was appointed chairman for the 1940 soirée.

The Michigan Association of Alpha Kappa Kappa met in Grand Rapids on September 20 for its annual dinner. Wm. A. Mann, M.D., Chicago, Grand Vice President, addressed the group. The following officers were elected: C. F. Brunk, M.D., Detroit, President; C. K. Stroup, M.D., Flint, President-Elect; C. G. Clippert, M.D., Grayling, Secretary; Ward L. Chadwick, M.D., Grand Rapids, Secretary-Elect. Thirty-five members were present.

At the Secretaries' Conference of September 19 in Grand Rapids, many notables were present:

Judge E. R. Boyles, representing the Governor; State Health Commissioner H. Allen Moyer; Mrs. Eleanor Bulkley of the Michigan Crippled Children Commission; Representative Dora H. Stockman of East Lansing; Representative S. L. Loupee, M.D., of Dowagiac; Indiana's State Senator Tom A. Hendricks; President H. A. Luce, M.D., Secretary L. Fernald Foster, M.D., Drs. Harold A. Miller of Lansing, J. D. Miller of Grand Rapids.

Seventy-seven physicians attended the Conference. Among the county society secretaries were:

Drs. O. O. Beck, E. S. Parmenter, R. C. Conybeare, Wilfrid Haughey, George Loupee, T. Y. Ho, Thomas Wilensky,

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December. Intensive Personal Courses in other subjects.
FRACTURES AND TRAUMATIC SURGERY—Tenday Intensive Course starting February 19, 1940. Informal Course every week.
GYNECOLOGY—Two Weeks' Course, April 15, 1940. One Week Personal Course Vaginal Approach to Pelvic Surgery, April 8, 1940.
OBSTETRICS—Two Weeks' Course, April 29, 1940. Informal Course every week.
OTOLARYNGOLOGY—Two Weeks' Course starting April 8, 1940. Informal Course every week.
OPHTHALMOLOGY—Two Weeks' Course starting April 22, 1940. Informal Course every week.
CYSTOSCOPY—Ten-day Practical Course rotary every two weeks. One Month and Two Weeks' Courses in Urology every two weeks.
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Rice, Charles Ten Houten, W. B. Cooksey, and Michael Murphy.

Presidents of county societies who attended were:

Drs. George A. Sherman, G. J. Kemme, G. R. Hanke,
C. L. A. Oden, L. M. Bogart and L. E. Blanchard.

Officers, councilors and committeemen of the M.S.M.S. present:

Drs. P. R. Urmston, H. R. Carstens, A. S. Brunk, H. H. Cummings, T. E. DeGurse, W. H. Huron, R. H. Holmes, W. E. Barstow, A. H. Miller, V. M. Moore, E. F. Sladek, I. W. Greene, L. G. Christian, C. F. DeVries, W. H. Alexander, F. T. Andrews, R. C. Perkins, Henry Cook, F. B. Miner, B. H. Vanleuven, R. R. Whitten, M. A. Hoffs, L. W. Day, B. F. Green, L. J. Hirschman, H. B. Fenech, J. B. Rieger, Paul Willits, H. M. Smith, A. E. Hollard, T. P. Wickliffe, C. H. Keene, A. D. Aldrich. Also among the guests were:

Dr. T. G. Hull of the A.M.A. in Chicago; Dr. N. W. Scott of New Jersey; Drs. W. E. Wheeler, C. E. Folsome, Albert McCown, P. A. Callahan, Wayne S. Ramsey, D. W. Patterson, J. P. Markey, George R. Goering; Messrs. A. M. Smith, Hugh E. Van de Walker, T. G. Werle, George F. Granger, Percy Angove, Miles F. Gray, N. E. Philleo, L. A. Potter, D. G. Clancy, V. F. Lemmer, Harry R. Lipson, H. C. Gerber, Otis Cook, Miss Helen Carrow.

What They Say About The Grand Rapids Convention

Budd C. Corbus, M.D., Chicago, guest essayist: "I enjoyed speaking to your group and I have never seen a better run State meeting in my life."

Wm. R. Bond, M.D., Schering Corporation, Bloomfield, N. J.: "I am taking this opportunity in behalf of the Schering Corporation to express our complete satisfaction with respect to the recent meeting of the Michigan State Medical Society at Grand Rapids."

Harold N. Cole, M.D., Cleveland, guest essayist: "I think the Michigan State Medical Society has one of the most progressive programs in the country. I admire the way you are carrying on and the methods you are employing."

Mr. Thomas B. Snow, Vice President of High Tension Electric Corp., New York: "Our representative has returned from Michigan with very glowing reports, not only of the splendid convention, but of the very fine manner in which the Society is handled."

W. O. Thompson, M.D., Chicago, guest essayist: "I was much impressed with your program, with the caliber of the men who attended and with the excellent facilities in Grand Rapids for the meeting."

M. D. Morton, President of C. B. Fleet Co., ynchburg, Virginia: "Our representatives were Lynchburg, Virginia: "Our representatives were particularly impressed with the business arrangements and reported a very satisfactory meeting."

M. C. Hunt of H. G. Fischer & Company: "We

feel that as far as we were concerned the meeting was very satisfactory. Those doctors attending the meeting, I believe, showed more consideration to the exhibitors this year."

Carl P. Huber, M.D., Indianapolis, guest essayist:

"I enjoyed the meetings very much and feel that you are to be complimented on the interesting program and excellent management."

Maxwell Finland, M.D., Boston, guest essayist: "I enjoyed the meeting very much and certainly felt hospitality all around."

Bert I. Beverly, M.D., Chicago, guest essayist: "May I congratulate you upon the excellence of the

courtesy and consideration shown me as a guest speaker."

F. J. Moloney, M.D., Sault Ste. Marie: "I wish to congratulate you and your associates on the excellency of the State Medical Meeting in Grand Rapids. The lectures were grand and well attended. I have been to a great many meetings all over the United States and never saw a meeting handled any

better—I refer especially to the exhibit."

J. H. Frazer, M.D., Arlington Chemical Company,
Yonkers, New York: "I want to say to you in all honesty that your State Society is to be congratulated on its program. Without a shadow of a doubt this is the finest program that I ever had the pleas-

ure of looking over for any State Society."

Lloyd D. Felton, M.D., Washington, D. C., guest essayist: "Congratulations for engineering what to me was an excellent medical conference under the name of the State Medical Society."

F. M. Rhatigan, Bard-Parker Company, Danbury, Conn.—"I have heard exhibitors enthuse about the Michigan State Medical meeting that never enthused before about anything in the way of exhibits, because they are not the kind of fellows who are given to enthusing.

T. A. Phillips, of J. B. Lippincott Company, Philadelphia: "We attend a great many State meetings and we consider that the Michigan State Medical Society tops them all."

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.

THE ART OF ANESTHESIA. By Paluel J. Flagg, M.D., Visiting Anesthetist to Manhattan Eye and Ear Hospi-tal, Sixth edition, Revised. 161 illustrations. Philadel-phia: J. B. Lippincott Company, 1939.

This work is essentially for physicians who administer anesthetics. The author emphasizes anesthesia as an art, a skill based upon a thorough knowledge of not only human physiology but surgical practice for which anesthetics are administered. He covers the entire field. This work of which the present is the sixth revision has been before the profession since the first edition in 1916. Those interested in the skillful administration of anesthetics will welcome a work by a master that has been kept up to date.

OFFICE GYNECOLOGY. By J. P. Greenhill, B.S., M.D., F.A.C.S., Professor of Obstetrics and Gynecology. Loyola University Medical School, Chicago; Professor of Gynecology, Cook County Graduate School of Medicine; Attending Gynecologist, Cook County Hospital; Editor of "Gynecology" in the Year Book of Obstetrics & Gynecology; Author of Obstetrics for the General Practitioner. The Year Book Publishers, Inc., 304 South Dearborn Street, Chicago, Illinois. 1939.

This is a valuable work which includes as im-

This is a valuable work which includes as implied in the title, operations which may be per-formed on paients in doctors' offices. It will be found a very useful work on routine gynecology on ambulant patients.

FACTUAL DATA ON MEDICAL ECONOMICS. Report prepared by the Bureau of Medical Economics, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 1939.

Every once in a while, there appears a report dealing with medical economics which is so interesting that it should be obtained by every physician. "Factual Data on Medical Economics" is such a re-

port.

Prepared by the Bureau of Medical Economics of the American Medical Association, this report contains a splendid arrangement of essential information concerning the distribution of physicians, utilization of hospital facilities, vital statistics, sickness insurance, and medical services in relation to economic status. Twenty-nine charts and tables each

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accompanied by a short explanatory text present a mass of useful information in a concise and easily

understandable manner.

The data in this publication are up-to-the-minute and deal with current medical problems. The Senate Committee on Education and Labor in its report on the Wagner Health Bill quoted directly from this

report.
"Factual Data on Medical Economics" consists of sixty-seven pages, journal size, with large legible type, and may be obtained from the Bureau of Medical Economics, American Medical Association, 535 North Dearborn Street, Chicago, Illinois.

SYNOPSIS OF REGIONAL ANATOMY. T. B. Johnston, M.D., Professor of Anatomy, University of London, Guy's Hospital Medical School. Fourth edition, published, 1939, 12 mo., 462 pages, illustrated. Cloth, \$4.50 net. Philadelphia: Lea & Febiger, Publishers, 1939.

While this is, essentially, a book for the medical student who has completed his anatomical laboratory work, doctors of medicine in actual practice will find it not without value. The work is not illustrated except for a chapter dealing with the central nervous system. The author sends the reader for his illustrations to the anatomical laboratory. book," the author says, "should not be consulted at all until the actual work of dissection has been com-pleted and revision has been undertaken." The work is written in a clear and concise style, which suits it not only to the student but makes it of real service to the general practitioner. Explanations are presented without too many generalities. The author has endeavored to emphasize the practical. As a summary of the essentials of anatomy, this will be found highly satisfactory.

NUTRITION AND DIET IN HEALTH AND DISEASE.
By James S. McLester, M.D., Professor of Medicine,
University of Alabama, Birmingham, Alabama. Third
edition, Entirely Rewritten. 838 pages. Philadelphia and
London: W. B. Saunders Company, 1939. Cloth, \$8.00.

Perhaps no greater advancement has been made in any department of medicine than in the science of The author has devoted much space to a consideration of the nature and physiologic influences of nutritive substances and to a discussion of disordered function. The work is not only a treatise on diet, it is a discussion of physiologic chemistry with particular reference to foods. While this is true, the subject of menus is also given full consideration, as seen in the chapters on diabetes mellitus and obesity and leanness, diseases of the kidney, etc. The book is recommended as a clear, in fact, almost exhaustive treatment of a very important subject.

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Phone—Wheaton 66 50 Geneva Rd. A TOPOGRAPHIC ATLAS FOR X-RAY THERAPY. By Ira I. Kaplan, M.D., Director, Radiation Therapy Department. Bellevue Hospital; Director, Division of Cancer, Department of Hospitals, City of New York; Clinical Professor of Surgery, N. Y. University Medical College; Associate Visiting Radiologist, Lenox Hill Hospital, N. Y. C.; Editor of "Therapeutics" in the Year Book of Radiology; and Sidney Ruberfeld, M.D., Associate Visiting Radiation Therapist, Bellevue Hospital; Instructor in Surgery, N. Y. University Medical College; Assistant Adjunct Radiation Therapist, Hospital for Joint Diseases, N.Y.C. 120 pages, 55 full plates, \$4.00. 304 South Dearborn Street, Chicago: The Year Book Publishers, Inc. Publishers, Inc

This is an indispensible book for those, especially the beginner, attempting x-ray therapy. One can see at a glance almost the proper point of direction of the x-ray beam for various pathological conditions in which x-ray therapy is indicated.

DISEASES OF THE FOOT. By Emil D. W. Hauser, M.S., M.D., Assistant Professor of Bone and Joint Surgery, Northwestern University Medical School; Attending Orthopedic Surgeon, Passavant Memorial Hospital, Chicago. With a Foreword by Sumner L. Koch, M.D. 472 pages with 263 illustrations on 172 figures, some in colors. Philadelphia and London: W. B. Saunders Company, 1939. Cloth, \$6.00 net.

This book presents the anatomy and physiology of both the normal and the abnormal foot during the period of growth and development, as well as the adult foot. It is a work not only for the orthopedist but is a very practical treatise for the general practitioner. A knowledge of its contents will interest the latter in a field of medicine he is too often inclined to pass up as belonging to the orthopedist or to the chiropodist. The chapter on the application of bandages and casts is alone worth the price of the The work embodies both scholarship and practicability.

TEXT-BOOK OF OCCUPATIONAL DISEASES OF THE SKIN. By Louis Schwartz, M.D., Medical Director, United States Public Health Service, in charge of Dermatoses Investigations, Washington, D. C., Lecturer, Department of Dermatology and Syphilology, New York University College of Medicine; and Louis Tulipan, M.D., Clinical Professor of Dermatology and Syphilology, New York University, College of Medicine. Illustrated with 116 photographs. Philadelphia: Lea & Febiger, 1939.

With the development of the workingman's compensation laws, occupational diseases have assumed a greater importance than ever before. One of the problems in connection with them is the evaluation of the amount of disability produced. This book deals in an exhaustive way with the subject and is of particular importance for the person who devotes his major time to occupational diseases.

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